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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/1999	12/31/1999

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6886	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.95	******	7.2			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	251	325		******	9.8	13			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4950	******		******	192.1	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 P 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT				******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	15	******	30			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.04	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	206	253		******	8	10.2			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	4446	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.01	******	7.49			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	267	351		******	10.9	14.5			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5184	******		******	211.6	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 P 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT				******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	6	******	30			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.98	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	210	264		******	8.5	9.7			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5928	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.04	******	7.35			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	330	393		******	12.7	15			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5340	******		******	204.6	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT				******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	4			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.08	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	246	295		******	9.4	11.3			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2000	02/29/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2000	03/31/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8916	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.47			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	312	370		******	12.4	14.7			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5104	******		******	201.8	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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COEUR D'ALENE, ID 83814
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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2000	03/31/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT				******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	******	17			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.06	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	211	258		******	8.3	10.4			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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
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TYPED OR PRINTED					

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

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ATTN: H. SID FREDRICKSON, WWTP SUPT

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ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2000	03/31/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2000	04/30/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	18911	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.67	******	7.33			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	335	524		******	13.1	20.8			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5319	******		******	203.6	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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ID0022853	001-A
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT				******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	******	13			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.04	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	194	215		******	7.6	7.8			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2000	05/31/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	15610	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.44	******	7.23			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	281	347		******	11	12.7			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5672	******		******	220.2	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2000	05/31/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT				******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	2	8			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.01	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	96	139		******	3.7	5			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5019	******		******	197.5	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
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05/01/2000	05/31/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2000	06/30/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6954	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.63	******	6.99			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	325	366		******	13	14.7			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5591	******		******	223.7	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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ID0022853	001-A

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06/01/2000	06/30/2000

DMR Mailing ZIP CODE: 83814
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT				******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2.4	2.5	11			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	115	151		******	4.6	5.9			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5612	******		******	224.2	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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

Form Approved
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ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
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PERMIT NUMBER	DISCHARGE NUMBER
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06/01/2000	06/30/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1824	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.67	******	7.21			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	228	281		******	9	11			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5043	******		******	198.7	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Week	24 Hour Composite

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Form Approved
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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			
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT				******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT				******						
01119 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT				******						
01119 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2000	07/31/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	4			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.01	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	136	217		******	5.4	8.6			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5208	******		******	204.8	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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DMR Mailing ZIP CODE: 83814
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(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)
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OMB No. 2040-0004

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08/01/2000	08/31/2000

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(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	677	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.51	******	7.01			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	284	328		******	10.3	11.7			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6539	******		******	237.4	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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ID0022853	001-A
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MM/DD/YYYY	MM/DD/YYYY
08/01/2000	08/31/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT				******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT				******						
01119 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT				******						
01119 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2000	08/31/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	93	5	500			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.31	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	123	147		******	4.5	5.4			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5480	******		******	200.5	******			Three per Day	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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08/01/2000	08/31/2000

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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09/01/2000	09/30/2000

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1407	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.41	******	6.97			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	270	323		******	9.9	11.8			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5477	******		******	200.1	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Week	24 Hour Composite

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ID0022853	001-A
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MM/DD/YYYY	MM/DD/YYYY
09/01/2000	09/30/2000

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MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT				******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT				******						
01119 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT				******						
01119 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2000	09/30/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	6	4	23			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.26	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	121	134.7		******	4.4	4.8			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4855	******		******	177	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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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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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
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COEUR D'ALENE, ID 83814
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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2000	09/30/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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10/01/2000	10/31/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2448	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.48	******	7.26			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	350	531		******	13.2	19.8			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5408	******		******	203.8	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 P 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT				******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	8	******	80			Four per Week	24 Hour Composite
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.21	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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

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ID0022853	001-A
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MM/DD/YYYY	MM/DD/YYYY
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DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	115	181.3		******	4.3	6.8			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5458	******		******	205.5	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
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ID0022853	001-A
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MM/DD/YYYY	MM/DD/YYYY
11/01/2000	11/30/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2256	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.99	******	7.3			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	413	474		******	16	18.2			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5213	******		******	202.3	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 P 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT				******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	16	******	30			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.11	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2000	11/30/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	216	239		******	8.4	9.2			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5074	******		******	196.9	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2000	12/31/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1810	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.28			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	406	465		******	15.7	17.7			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4857	******		******	187.7	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0022853	001-A
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12/01/2000	12/31/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 P 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT				******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	11	******	170			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.07	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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

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OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
12/01/2000	12/31/2000

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	232	272		******	9	10.3			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4897	******		******	189.2	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
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FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2001	01/31/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1080	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.96	******	7.5			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	446	515		******	17.5	19.3			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4825	******		******	190.9	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.114	.126		******	4	5				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
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01/01/2001	01/31/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.441	1.699		******	55	61				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.026	.028		******	< 1	< 1				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.044	.056		******	2	2				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	8			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.03	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	1		******	.01	.04			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2001	01/31/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	207	227		******	8.2	9			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4249	******		******	168.1	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: 765 WEST HUBBARD AVENUE
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ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2001	02/28/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	9.3	******			Monthly	Calculated
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1300	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.94	******	7.28			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	517	621		******	20	24.5			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5153	******		******	198.6	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	414	467		******	15.52	17.65			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.2	1.2		******	46	46			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2001	02/28/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.026	.026		******	< 1	< 1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.03	.03		******	1	1			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.13	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	1		******	.01	.04			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	219	285		******	8.5	11.2			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4762	******		******	183.8	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2001	02/28/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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

Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2001	03/31/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	10.1	******			Monthly	Calculated
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2378	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.88	******	7.25			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	319	335		******	12.7	13.7			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4868	******		******	193.5	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	341	435		******	13.66	17.14			Twice per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.8	1.8		******	70.2	70.2			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2001	03/31/2001

DMR Mailing ZIP CODE: 83814
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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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.23	.23			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.04	.04		******	1.67	1.67			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.01	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	1		******	.01	.04			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	194	215		******	7.7	8.5			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4493	******		******	178.4	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2001	03/31/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	17	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
04/01/2001	04/30/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	11.2	******			Monthly	Calculated
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5000	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.74	******	7.03			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	325	369		******	12.6	14.5			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4871	******		******	188.4	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	256	275		******	9.98	10.6			Twice per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.541	1.541		******	60.6	60.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2001	04/30/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.021	.021		******	.81	.81			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.019	.019		******	.76	.76			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.15	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	1.1		******	.01	.04			Three per Week	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	112	130		******	4.4	5			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4.538	******		******	176.1	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2001	04/30/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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05/01/2001	05/31/2001

DMR Mailing ZIP CODE: 83814
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.2	******			Monthly	Calculated
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	10922	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.64	******	6.92			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	251	284		******	9.6	10.8			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5418	******		******	206.8	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.457	1.457		******	55.3	55.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.13	.13			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.018	.018		******	.67	.67			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	2	4			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.14	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	1.4		******	.01	.05			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	86	116		******	3.3	4.4			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4759	******		******	181.6	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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

Form Approved
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COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2001	05/31/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.6	******			Monthly	Calculated
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3320	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.59	******	7.11			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	197	268		******	7.3	9.5			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5930	******		******	218.6	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.134	1.134		******	40.7	40.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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Cadmium, total recoverable	SAMPLE MEASUREMENT	.019	.019		******	.68	.68			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.02	.02		******	.71	.71			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	7			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.22	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	1.3		******	.016	.05			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	93	132		******	3.4	4.7			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5170	******		******	190.7	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2001	07/31/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	21.5	******			Monthly	Calculated
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1100	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.49	******	6.94			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	235	297		******	8.8	11.3			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5649	******		******	210.7	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	99	123		******	3.67	4.43			Twice per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	.025	.025		******	.94	.97			Monthly	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.151	1.24		******	43.7	48.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.06	.08			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.017	.017		******	.64	.67			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.235	.243		******	8.9	9.09			Monthly	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
07/01/2001	07/31/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	8			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.23	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.6	1.3		******	.02	.05			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	113	133		******	4.2	4.8			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5257	******		******	196.2	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	22.3	******			Daily	Calculated
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	491	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.34	******	6.96			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	208	294		******	7.7	10.8			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5753	******		******	213.5	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	84	125		******	3.12	4.62			Twice per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Week	24 Hour Composite

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Silver total recoverable	SAMPLE MEASUREMENT	.027	.038		******	1.02	1.39			Three per Month	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.251	1.276		******	47.1	48.9			Twice per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.09			Twice per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.025	.029		******	.94	1.07			Twice per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.24	.269		******	9.19	10.3			Three per Month	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	23	6	70			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.22	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	1.3		******	.02	.05			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	89	103		******	3.3	3.8			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4686	******		******	173.7	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2001	08/31/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2001	09/30/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	21.6	******			Daily	Calculated
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	908	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.44	******	7.16			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	199	210		******	7.5	8			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5676	******		******	211.8	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	91	101		******	3.34	3.77			Twice per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2001	09/30/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	.019	.02		******	.73	.75			Twice per Month	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.156	1.156		******	43.6	43.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		******	< .01	< .01			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.02	.02		******	.77	.77			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.317	.326		******	11.9	12.3			Twice per Month	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2001	09/30/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	6	5	23			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.23	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	1.4		******	.02	.05			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	64	69		******	2.4	2.6			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4428	******		******	165.4	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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COEUR D'ALENE, ID 83814
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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
09/01/2001	09/30/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.8	******			Daily	Calculated
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1969	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.05			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	222	307		******	8.1	11.2			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5762	******		******	212.4	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	125	217		******	4.46	7.62			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.04	.079		******	1.47	2.83			Five per Month	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.435	1.435		******	53.6	53.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.1	.1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.02	.02		******	.74	.74			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	******	23			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.28	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	3.6		******	.02	.13			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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MONITORING PERIOD	
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10/01/2001	10/31/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	87	147		******	3.2	5.3			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4970	******		******	183.1	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2001	11/30/2001

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	17.1	******			Daily	Calculated
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2371	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.79	******	7.16			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	302	419		******	11.1	15.5			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5643	******		******	208.5	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.088	.16		******	3.28	5.93		1	Three per Month	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.7 MO AVG	3.9 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.261	1.261		******	46.8	46.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.09	.09			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.043	.043		******	1.58	1.58			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	7	******	26			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.23	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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PERMIT NUMBER	DISCHARGE NUMBER
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11/01/2001	11/30/2001

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Chlorine, total residual	SAMPLE MEASUREMENT	.4	2.4		******	.02	.09			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	137	176		******	5.1	6.5			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4981	******		******	184	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2001	12/31/2001

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

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	******	******	******	******	14.4	******			Daily	Calculated
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	4424	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.83	******	7.23			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	366	373		******	13.1	14.5			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5536	******		******	200.8	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.7 MO AVG	3.9 DAILY MX	ug/L		Monthly	24 Hour Composite

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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
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12/01/2001	12/31/2001

DMR Mailing ZIP CODE: 83814
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External Outfall

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Silver total recoverable	SAMPLE MEASUREMENT	.047	.07		******	1.77	2.64		1	Monthly	24 Hour Composite
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.257	1.257		******	47.4	47.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.07			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.028	.028		******	1.07	1.07			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	900		1	Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.31	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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External Outfall

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Chlorine, total residual	SAMPLE MEASUREMENT	.3	1.7		******	.01	.06			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	106	120		******	3.8	4.3			Three per Day	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4.845	******		******	175.3	******			Three per Day	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.4	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5797	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.36			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	262	291		******	10	11			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5667	******		******	216.5	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	267	299		******	9.89	10.6			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.025	.027		******	.91	.99			Three per Month	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.7 MO AVG	3.9 DAILY MX	ug/L		Monthly	24 Hour Composite

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
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TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2002	01/31/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.225	1.383		******	45	48.5			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.004		******	.11	.13			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.015	.019		******	.56	.65			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.16	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

Form Approved
OMB No. 2040-0004

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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2002	01/31/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.4	3.6		******	.01	.14			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	95	108		******	3.6	4			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5078	******		******	193.8	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED					

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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: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2002	02/28/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	12.9	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5336	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.93	******	7.69			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	334	385		******	12.6	15			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5662	******		******	213.7	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	277	303		******	10.58	11.3			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.308	1.308		******	51.1	51.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite

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

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2002	02/28/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.11	.11			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.059	.059		******	2.32	2.32			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	4			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.15	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	1.4		******	.02	.05			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	120	164		******	4.9	6			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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COEUR D'ALENE, ID 83814
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PERMIT NUMBER	DISCHARGE NUMBER
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02/01/2002	02/28/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5250	******		******	198.3	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	12.9	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6897	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.97	******	7.38			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	284	368		******	10.8	14			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5449	******		******	207.4	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	259	306		******	9.85	11.65			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.518	1.518		******	57.8	57.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.11	.11			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.029	.029		******	1.1	1.1			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	4			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2			Monthly	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.15	******		******	******	******	******			Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.7	3.2		******	.03	.12			Three per Week	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	118	152		******	4.5	5.8			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2002	03/31/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4858	******		******	184.9	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	69	******	******				Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2002	04/30/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	14.7	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	17476	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.89	******	7.25			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	264	399		******	10.1	15.3			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5352	******		******	206	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	183	211		******	7.05	8.1			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.173	1.173		******	44.8	44.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2002	04/30/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.12	.12			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.013	.013		******	.48	.48			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	4			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.14	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.2	9.2		******	.05	.35			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	116	122		******	4.5	4.7			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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LOCATION: 765 WEST HUBBARD AVENUE
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ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2002	04/30/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5184	******		******	199.3	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	84	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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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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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2002	05/31/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	17	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	18590	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.78	******	7.31			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	187	230		******	7.2	9			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5545	******		******	212.1	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	164	189		******	6.13	7.35			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.626	1.626		******	63.1	63.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.09	.09			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.012	.012		******	.47	.47			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	2	4			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.13	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.6	3.2		******	.02	.12			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	91	114		******	3.5	4.5			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5359	******		******	205	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2002	06/30/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	19.3	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	17784	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.68	******	7.26			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	129	142		******	4.8	5.3			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5534	******		******	207.7	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	140	179		******	5.12	6.45			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.716	1.716		******	64.1	64.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
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06/01/2002	06/30/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.13	.13			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.032	.032		******	1.19	1.19			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	8			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.19	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	1.6		******	.02	.06			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	70	81		******	2.6	3			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2002	06/30/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5378	******		******	201.7	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2002	07/31/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	21.6	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3192	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.66	******	7.06			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	133	196		******	4.8	7.2			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5924	******		******	212.4	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	133	152		******	4.7	5.55			Twice per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Twice per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2002	07/31/2002

DMR Mailing ZIP CODE: 83814
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	.014	.02		******	.51	.74			Three per Month	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	.042 MO AVG	.094 DAILY MX	lb/d	******	1.2 MO AVG	2.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.065 MO AVG	.15 DAILY MX	lb/d	******	1.3 MO AVG	3 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.223	1.337		******	44	48.3			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.09	.12			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.014	.017		******	.5	.61			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.163	.168		******	5.9	6			Three per Month	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	.7 MO AVG	1.3 DAILY MX	lb/d	******	20 MO AVG	37 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	.9 MO AVG	1.7 DAILY MX	lb/d	******	18 MO AVG	33 DAILY MX	ug/L		Monthly	24 Hour Composite

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Form Approved
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	< 2	< 2	< 2			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.32	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.7	1.7		******	.02	.06			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	75	90		******	2.7	3.1			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5874	******		******	210.2	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2002	08/31/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	22.3	******			Six per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	922	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.71	******	7.08			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	138	157		******	4.9	5.5			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5959	******		******	210.7	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	152	184		******	5.38	6.38			Twice per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Twice per Week	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
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08/01/2002	08/31/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	.016	.018		******	.57	.64			Five per Month	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	.042 MO AVG	.094 DAILY MX	lb/d	******	1.2 MO AVG	2.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.065 MO AVG	.15 DAILY MX	lb/d	******	1.3 MO AVG	3 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.159	1.302		******	41.1	45.5			Five per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.06	.07			Five per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.012	.013		******	.44	.47			Five per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.202	.209		******	7.18	7.45			Five per Month	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	.7 MO AVG	1.3 DAILY MX	lb/d	******	20 MO AVG	37 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	.9 MO AVG	1.7 DAILY MX	lb/d	******	18 MO AVG	33 DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2002	08/31/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	7	3	23			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.37	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.6	1.4		******	.02	.05			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	73	81		******	2.6	2.8			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5883	******		******	208.2	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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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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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2002	08/31/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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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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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2002	09/30/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	21.7	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1467	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.75	******	7.24			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	124	192		******	4.5	6.8			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4992	******		******	179.8	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	157	192		******	5.64	6.87			Twice per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Twice per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	.015	.016		******	.56	.58			Twice per Month	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	.042 MO AVG	.094 DAILY MX	lb/d	******	1.2 MO AVG	2.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.065 MO AVG	.15 DAILY MX	lb/d	******	1.3 MO AVG	3 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.075	1.077		******	38.6	39			Twice per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.07			Twice per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.012	.012		******	.42	.45			Twice per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.237	.248		******	8.5	8.8			Twice per Month	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	.7 MO AVG	1.3 DAILY MX	lb/d	******	20 MO AVG	37 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	.9 MO AVG	1.7 DAILY MX	lb/d	******	18 MO AVG	33 DAILY MX	ug/L		Monthly	24 Hour Composite

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MM/DD/YYYY	MM/DD/YYYY
09/01/2002	09/30/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	< 2	< 2	< 2				Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.29	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	2.5		******	.02	.09			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	79	94		******	2.9	3.4			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5019	******		******	181.3	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2002	09/30/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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10/01/2002	10/31/2002

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	19.4	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2139	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.37	******	7.4			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	109	147		******	4.1	5.5			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3932	******		******	150.1	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	146	202		******	5.54	7.59			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.7 MO AVG	3.9 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	.012	.015		******	.45	.57			Three per Month	24 Hour Composite
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.13	1.216		******	42.1	45.3			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.1	.11			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.013	.015		******	.49	.58			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.16	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ID0022853	001-A
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MM/DD/YYYY	MM/DD/YYYY
10/01/2002	10/31/2002

DMR Mailing ZIP CODE: 83814
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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.8	2.8		******	.03	.11			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	88	103		******	3.4	4.7			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4688	******		******	178.9	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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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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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2002	11/30/2002

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16.5	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1528	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.77	******	7.98			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	135	173		******	5.1	6.5			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4636	******		******	176.1	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	186	203		******	7.08	7.66			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.016	.019		******	.61	.72			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.7 MO AVG	3.9 DAILY MX	ug/L		Monthly	24 Hour Composite

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Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.233	1.4		******	46.8	53.8				24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.003		******	.07	.1				24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.018	.024		******	.67	.93				24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	2				Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.15	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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Chlorine, total residual	SAMPLE MEASUREMENT	1.3	5.2		******	.05	.19			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	97	105		******	3.7	3.9			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4951	******		******	187.7	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2002	12/31/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	14.8	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2174	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.04	******	7.33			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	122	141		******	4.8	5.8			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5207	******		******	206.7	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	193	230		******	7.27	8.6			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.03	.031		******	1.21	1.22			Twice per Week	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.7 MO AVG	3.9 DAILY MX	ug/L		Monthly	24 Hour Composite

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

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ID0022853	001-A
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MONITORING PERIOD	
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12/01/2002	12/31/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.138	1.206		******	45.4	48.2			Twice per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.07			Twice per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.017	.02		******	.67	.8			Twice per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	4			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	4			Four per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.12	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2002	12/31/2002

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Chlorine, total residual	SAMPLE MEASUREMENT	.9	2.4		******	.03	.09			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	89	97		******	3.5	3.9			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5366	******		******	213.7	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2003	01/31/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	13.4	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3764	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.86	******	7.46			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	168	247		******	6.5	9.5			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5239	******		******	201.2	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	200	219		******	7.83	8.71			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.022	.027		******	.86	1.04			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.7 MO AVG	3.9 DAILY MX	ug/L		Monthly	24 Hour Composite

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
01/01/2003	01/31/2003

DMR Mailing ZIP CODE: 83814
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.122	1.164		******	44	45.6				24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.003		******	.09	.1				24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.016	.019		******	.63	.73				24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	< 2	******	2			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2			Four per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.1	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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MM/DD/YYYY	MM/DD/YYYY
01/01/2003	01/31/2003

DMR Mailing ZIP CODE: 83814
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.9	2.8		******	.03	.1			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	82	95		******	3.2	3.7			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5148	******		******	197.9	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2003	02/28/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.2	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	9053	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.91	******	7.21			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	243	275		******	9.5	10.7			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5174	******		******	202.2	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	213	260		******	8.21	10.07			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.514	1.589		******	60.1	64.6			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite

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

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2003	02/28/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.1	.11			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.022	.025		******	.86	1.03			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	2			Four per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.08	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.9	2		******	.03	.08			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	85	109		******	3.3	4.2			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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COEUR D'ALENE, ID 83814
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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2003	02/28/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5039	******		******	196.9	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

Form Approved
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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2003	03/31/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	13.4	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8237	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.98	******	7.25			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	234	260		******	9.6	10.8			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5267	******		******	215.8	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	243	301		******	9.87	12.25			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.293	1.436		******	50.7	56.1			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2003	03/31/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.11	.13			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.031	.041		******	1.21	1.57			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	4			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	2			Four per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.98	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.7	1.5		******	.03	.06			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	98	117		******	4	4.7			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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COEUR D'ALENE, ID 83814
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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2003	03/31/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5018	******		******	205.7	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2003	04/30/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	14.9	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	10586	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.69	******	7.07			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	141	172		******	5.4	6.7			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5368	******		******	206.3	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	256	270		******	9.77	10.35			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.324	1.449		******	50.7	55.5			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite

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Form Approved
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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2003	04/30/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.08	.09			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.013	.016		******	.51	.6			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	13			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	13			Four per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.13	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.6	1.3		******	.02	.05			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	86	98		******	3.3	3.8			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2003	04/30/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5204	******		******	199.9	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
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05/01/2003	05/31/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16.8	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	7233	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.37	******	6.98			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	138	177		******	5.3	6.7			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5473	******		******	208.3	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	228	251		******	8.51	9.23			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.319	1.368		******	49.6	51.6			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

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05/01/2003	05/31/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.003		******	.09	.1			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.017	.019		******	.64	.73			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	2	2			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	2			Four per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.17	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.2	3.5		******	.04	.13			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	89	105		******	3.4	4			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2003	05/31/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5524	******		******	210.1	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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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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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2003	06/30/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	19.5	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	4246	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	6.97			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	137	168		******	5.3	6.4			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5465	******		******	204.5	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	199	229		******	7.45	8.44			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.25	1.325		******	45	48			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.08	.09			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.013	.014		******	.48	.48			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	2	8			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	4			Four per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.17	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.9	1.9		******	.04	.07			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	95	105		******	3.6	3.8			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5164	******		******	193.3	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2003	07/31/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	21.3	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	906	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.43	******	6.84			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	144	163		******	5.4	6.2			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5681	******		******	213	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	223	258		******	8.29	9.64			Twice per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	.006	.009		******	.23	.32			Three per Week	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	.042 MO AVG	.094 DAILY MX	lb/d	******	1.2 MO AVG	2.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.065 MO AVG	.15 DAILY MX	lb/d	******	1.3 MO AVG	3 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.168	1.285		******	44	48			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.08	.09			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.011	.011		******	.41	.42			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.207	.215		******	7.79	8.03			Three per Month	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	.7 MO AVG	1.3 DAILY MX	lb/d	******	20 MO AVG	37 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	.9 MO AVG	1.7 DAILY MX	lb/d	******	18 MO AVG	33 DAILY MX	ug/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	3	8			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	2			Four per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.18	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.7	2.1		******	.03	.08			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	90	109		******	3.4	4.1			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5351	******		******	200.4	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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Form Approved
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI L	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI L	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	NODI L	******	NODI L				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI L	NODI L		******	NODI L	NODI L				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI L	******		******	NODI L	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI L	NODI L		******	NODI L	NODI L				
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI L	NODI L		******	NODI L	NODI L				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Twice per Week	24 Hour Composite

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Silver total recoverable	SAMPLE MEASUREMENT	NODI L	NODI L		******	NODI L	NODI L				
01079 O 1 See Comments	PERMIT REQUIREMENT	.042 MO AVG	.094 DAILY MX	lb/d	******	1.2 MO AVG	2.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI L	NODI L		******	NODI L	NODI L				
01079 P 1 See Comments	PERMIT REQUIREMENT	.065 MO AVG	.15 DAILY MX	lb/d	******	1.3 MO AVG	3 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI L	NODI L		******	NODI L	NODI L				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	NODI L	NODI L		******	NODI L	NODI L				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI L	NODI L		******	NODI L	NODI L				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	NODI L	NODI L		******	NODI L	NODI L				
01119 O 1 See Comments	PERMIT REQUIREMENT	.7 MO AVG	1.3 DAILY MX	lb/d	******	20 MO AVG	37 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	NODI L	NODI L		******	NODI L	NODI L				
01119 P 1 See Comments	PERMIT REQUIREMENT	.9 MO AVG	1.7 DAILY MX	lb/d	******	18 MO AVG	33 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI L	NODI L	NODI L				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI L	NODI L				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI L	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI L	NODI L		******	NODI L	NODI L				
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI L	NODI L		******	NODI L	NODI L				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI L	******		******	NODI L	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI L	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2003	08/31/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI L	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	NODI L	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2003	09/30/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	21.1	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1164	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.63	******	7			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	143	174		******	5.1	6.3			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6018	******		******	214.7	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	199	274		******	7.11	8.63			Twice per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Twice per Week	24 Hour Composite

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ID0022853	001-A
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	.022	.023		******	.76	.77			Twice per Month	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	.042 MO AVG	.094 DAILY MX	lb/d	******	1.2 MO AVG	2.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.065 MO AVG	.15 DAILY MX	lb/d	******	1.3 MO AVG	3 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.296	1.354		******	45.6	48.9			Twice per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.07			Twice per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.026	.035		******	.89	1.18			Twice per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.22	.224		******	7.7	7.77			Twice per Month	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	.7 MO AVG	1.3 DAILY MX	lb/d	******	20 MO AVG	37 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	.9 MO AVG	1.7 DAILY MX	lb/d	******	18 MO AVG	33 DAILY MX	ug/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0022853	001-A
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09/01/2003	09/30/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	3	110			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	2			Four per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.33	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.6	1.9		******	.02	.07			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	87	95		******	3.1	3.4			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5747	******		******	204.8	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMIT NUMBER	DISCHARGE NUMBER
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09/01/2003	09/30/2003

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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10/01/2003	10/31/2003

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.8	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1731	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.73	******	7.05			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	167	98		******	6.3	9			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5568	******		******	209.5	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	165	201		******	6.18	7.57			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.029	.029		******	1.09	1.11			Twice per Month	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.7 MO AVG	3.9 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.115	1.161		******	41.9	43.5			Twice per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.1	.11			Twice per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.02	.02		******	.74	.74			Twice per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	******	4			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	2			Four per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MAXIMUM	#/100mL		Four per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.18	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.8	4		******	.03	.15			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	94	104		******	3.5	3.9			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5281	******		******	198.7	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2003	11/30/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	14.8	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2065	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.81	******	7.32			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	165	258		******	6	8.3			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5774	******		******	207.9	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	202	222		******	7.28	7.99			Weekly	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.026	.032		******	.95	1.17			Twice per Month	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.7 MO AVG	3.9 DAILY MX	ug/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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11/01/2003	11/30/2003

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.208	1.211		******	43.5	43.6			Twice per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.09	.09			Twice per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.013	.013		******	.46	.47			Twice per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.33	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	2.5		******	.02	.09			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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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: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2003	11/30/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	112	142		******	4	4.6			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5562	******		******	200.3	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

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COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2003	12/31/2003

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	12.4	******			Seven per Week	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3441	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.87	******	7.06				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	122	142		******	5	5.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5992	******		******	244.3	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	254	322		******	10.38	13.55				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.042	.043		******	1.71	1.78			Twice per Month	
01079 O 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.7 MO AVG	3.9 DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
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12/01/2003	12/31/2003

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.12	1.135		******	46	46			Twice per Month	
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.08	.08			Twice per Month	
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.016	.017		******	.65	.68			Twice per Month	
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.92	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.6	2.4		******	.02	.1				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	88	116		******	3.6	4.9				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5375	******		******	219.1	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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01/01/2004	01/31/2004

DMR Mailing ZIP CODE: 83814
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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	10.6	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1949	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.27				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	187	239		******	7.5	9.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5240	******		******	208.8	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	321	334		******	12.96	13.4				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.041	.064		******	1.59	2.46				
01079 O 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.7 MO AVG	3.9 DAILY MX	ug/L		Monthly	24 Hour Composite

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

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2004	01/31/2004

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.189	1.213		******	46	46.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.07				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.016	.016		******	.62	.62				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	8				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.97	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.6	1.5		******	.02	.06				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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OMB No. 2040-0004

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	94	113		******	3.8	4.3				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4860	******		******	194.1	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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ID0022853	001-A
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MONITORING PERIOD	
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02/01/2004	02/29/2004

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	10	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3952	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.87	******	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	197	227		******	7.8	9.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4989	******		******	198.8	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	249	276		******	10.22	10.63				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.407	1.418		******	53.6	55.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.09	.09				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.02	.02		******	.76	.79				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	4				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.96	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.3	1.1		******	.01	.04				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	98	105		******	3.9	4.4				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4815	******		******	192.1	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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02/01/2004	02/29/2004

DMR Mailing ZIP CODE: 83814
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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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	10.5	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6619	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.22				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	212	235		******	7.6	8.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5458	******		******	197	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	329	368		******	11.67	12.55				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.888	2.055		******	68.3	72.9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite

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Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.1	.11				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.025	.028		******	.92	.98				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.34	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	1.1		******	.01	.04				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	100	117		******	3.6	4.3				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5378	******		******	194.2	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2004	04/30/2004

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	12.3	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	10559	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.52	******	7.49				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	208	299		******	7.4	10.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6061	******		******	218.7	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	296	328		******	10.3	11.6				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.843	1.914		******	65.6	67.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	******	99 MO AVG	150 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.11	.11				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.026	.029		******	.92	1				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.29 DAILY MX	lb/d	******	2.59 MO AVG	5.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.33	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.3	1.1		******	.01	.04				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	105	127		******	3.8	4.8				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5692	******		******	205.7	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	82	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.5	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	9591	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.12				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	93	156		******	3.5	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5957	******		******	221.7	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	270	320		******	9.85	11.35				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.427	1.514		******	55.5	59.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.003		******	.09	.1				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.54	.55				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	18	4	12621		1		
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.28	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	.9		******	.01	.03				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	78	87		******	2.9	3.2				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5567	******		******	207.7	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	19.9	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6576	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.68	******	7.02				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	140	196		******	4.9	6.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5933	******		******	208.7	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	201	230		******	7	7.79				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.355	1.4		******	49.8	50.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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COEUR D'ALENE, ID 83814
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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2004	06/30/2004

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.07				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.67	.67				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	7				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.41	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.3	.9		******	.01	.03				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	89	110		******	3.1	3.7				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5873	******		******	206.5	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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TYPED OR PRINTED					

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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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	22.3	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1585	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.58	******	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	108	135		******	3.9	4.9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5680	******		******	202.3	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	210	276		******	7.38	9.55				
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	.005	.006		******	.2	.2				
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.421	1.51		******	49.9	53.9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.1	.1				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.5	.5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.7	5.9				
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	6				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.36	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	.9		******	.01	.03				
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	82	98		******	2.9	3.5				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6242	******		******	222.3	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	23.4	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1100	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.35	******	7.43				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	151	227		******	5.2	7.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6038	******		******	206.5	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	246	332		******	8.37	10.95				
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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Silver total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.1	.1				
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.154	1.24		******	39.1	42				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.1	.1				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.3	.4				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.6	4.9				
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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
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TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2004	08/31/2004

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	1	50				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.45	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	.9		******	.02	.03				
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	101	123		******	3.4	4				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5971	******		******	203.7	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2004	08/31/2004

DMR Mailing ZIP CODE: 83814
MAJOR $
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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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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09/01/2004	09/30/2004

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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	22	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1679	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.53	******	7.16				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	136	155		******	5.1	5.9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5663	******		******	210.7	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	222	328		******	8.05	11.1				
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.2	.2				
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.316	1.356		******	49.9	50.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.08	.08				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.4	.4				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	6.6	7				
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	2	2				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.26	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	.9		******	.02	.03				
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	84	112		******	3.1	4.1				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5363	******		******	199.4	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	20.1	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3044	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.74	******	7.58				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	193	341		******	7.5	13.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5614	******		******	215.4	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	218	313		******	8.28	12.55				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.3	.3				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.22	1.277		******	46.7	47.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.003		******	.09	.1				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.5	.5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.14	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.7	1.6		******	.03	.06				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2004	10/31/2004

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	112	183		******	4.4	7.3				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5026	******		******	193	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2004	11/30/2004

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	17.4	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	4067	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.74	******	7.47				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	271	398		******	10.6	14.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5266	******		******	206	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	347	428		******	13.48	17.4				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.023	.025		******	.9	1				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

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11/01/2004	11/30/2004

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.436	1.557		******	56.9	61.6				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.07				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.6	.6				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	4				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.07	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	.9		******	.02	.03				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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11/01/2004	11/30/2004

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	194	258		******	7.6	9.4				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4533	******		******	178	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2004	12/31/2004

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	15.3	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	7923	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.98	******	7.34				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	407	498		******	16.7	19.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5246	******		******	217.7	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	441	492		******	19.28	20.85				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.024	.028		******	1.1	1.3				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.193	1.193		******	54	55				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.003		******	.1	.12				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.7	.7				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	6	******	30				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.82	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	1.2		******	.02	.05				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	243	284		******	10	12.1				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4868	******		******	201.1	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2005	01/31/2005

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	13.4	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6161	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.42				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	417	485		******	16	19.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4864	******		******	189.8	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	516	637		******	19.03	21.5				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.028	.051		******	1.1	2.1				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.825	2.011		******	72.1	78.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.14	.15				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	1.3	1.3				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	******	17				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.05	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	1		******	.02	.04				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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01/01/2005	01/31/2005

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	266	369		******	10.1	12.3				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4783	******		******	186.5	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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02/01/2005	02/28/2005

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	13.4	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5850	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.03	******	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	425	457		******	16.9	18				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4979	******		******	197.5	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	554	628		******	21.96	25				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.742	1.861		******	68.8	71.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.004		******	.14	.15				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	1.1	1.1				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.6	2.8		******	.02	.11				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	267	341		******	9.8	13.9				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4999	******		******	198.4	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.3	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3536	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.52	******	7.68				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	279	399		******	11	15				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4871	******		******	192.3	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	294	658		******	11.22	25.05				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.662	1.909		******	67.6	77.6				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.004		******	.12	.15				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.9	1.2				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	4				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.13	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	1		******	.02	.04				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	135	247		******	5.3	9.3				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	4911	******		******	193.8	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2005	03/31/2005

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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04/01/2005	04/30/2005

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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15.5	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	9553	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.43	******	6.84				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	166	199		******	6.3	7.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5029	******		******	191.8	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	329	370		******	12.44	13.7				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.467	1.467		******	54.7	55.5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.07				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.4	.4				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.19	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.6	1.3		******	.02	.05				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	95	113		******	3.6	4.3				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5273	******		******	201.1	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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05/01/2005	05/31/2005

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	7250	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.28	******	6.82				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	185	216		******	6.8	7.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5547	******		******	205.6	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	363	395		******	12.93	14.5				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.499	1.616		******	54.1	58.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.06	.06				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.4	.4				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	2	2				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.25	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.3	.8		******	.01	.03				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	99	109		******	3.7	4				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5077	******		******	188.3	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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COEUR D'ALENE, ID 83814
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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2005	06/30/2005

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	19.6	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3230	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.48	******	6.82				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	161	217		******	5.4	7.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6815	******		******	227.2	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	412	454		******	13.5	14.55				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.217	1.363		******	41.7	45.9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.05	.06				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.43	.5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	2	2				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.6	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	2.6		******	.01	.09				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	122	148		******	4.1	4.9				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5602	******		******	186.4	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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07/01/2005	07/31/2005

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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	21.5	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1209	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.39	******	6.95				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	192	276		******	6.5	9.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5990	******		******	202.3	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	358	445		******	12.12	15.2				
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	.004	.006		******	.1	.2				
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.517	1.609		******	50.6	54.5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.07				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.4	.4				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.2	5.8				
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	< 2	< 2	2				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.54	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	4.1		******	.02	.14				
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	134	195		******	4.5	6.6				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5875	******		******	198.3	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	22.8	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	589	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.52	******	6.88				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	151	194		******	5.1	6.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6042	******		******	204.1	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	281	391		******	9.5	13.2				
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2005	08/31/2005

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.362	1.556		******	47	53.6				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.04	.05				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.4	.5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.6	4.9				
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	8	4	23				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.56	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	.9		******	.01	.03				
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	115	128		******	3.9	4.4				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5676	******		******	191.9	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

Form Approved
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LOCATION: 765 WEST HUBBARD AVENUE
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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2005	08/31/2005

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2005	09/30/2005

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	21.8	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1317	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.53	******	6.87				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	117	152		******	4	5.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5971	******		******	202.8	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	297	348		******	9.96	11.65				
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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

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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
09/01/2005	09/30/2005

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	.031	.053		******	1.1	1.8				
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.997	1.013		******	33.9	34.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.05	.05				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	1.7	2.1				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.7	6.3				
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	3	23				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.53	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	.9		******	.01	.03				
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	114	140		******	3.9	4.9				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5965	******		******	202.8	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	19.9	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2406	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.62	******	7.11				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	141	173		******	5	6.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7014	******		******	247	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	280	318		******	9.6	11.4				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.09	.09				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2005	10/31/2005

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.537	1.639		******	52.9	54				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.08	.08				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.3	.3				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	******	14				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.42	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	1.4		******	.02	.05				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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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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COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2005	10/31/2005

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	113	160		******	4	5.7				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5584	******		******	197.6	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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TYPED OR PRINTED					

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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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COEUR D'ALENE, ID 83814
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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2005	11/30/2005

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	17	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2972	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.08				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	208	287		******	7.5	11				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5966	******		******	216.6	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	315	323		******	11.35	11.8				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.2	.2				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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DMR Mailing ZIP CODE: 83814
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(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.277	1.298		******	45.3	45.5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.07				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.5	.5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	4				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.35	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	1.7		******	.02	.06				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ID0022853	001-A
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11/01/2005	11/30/2005

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	130	180		******	4.8	6.9				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5312	******		******	193.2	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.2	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3130	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.74	******	7.29				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	235	279		******	7.6	8.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6384	******		******	208.6	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	446	626		******	15.35	21.1				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.3	.3				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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12/01/2005	12/31/2005

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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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.41	1.452		******	50.9	51.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.06	.06				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.5	.5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.57	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	2.1		******	.02	.07				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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
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TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2005	12/31/2005

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	130	151		******	4.3	4.5				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5849	******		******	192.7	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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Form Approved
OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2006	01/31/2006

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	13	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	10417	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.81	******	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	235	272		******	7.6	8.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6235	******		******	202.5	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	595	695		******	18.45	20.2				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.008	.012		******	.2	.3				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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01/01/2006	01/31/2006

DMR Mailing ZIP CODE: 83814
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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.439	1.594		******	41.4	46.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.06	.07				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.5	.6				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	******	30				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.75	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.7	2.1		******	.02	.07				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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MM/DD/YYYY	MM/DD/YYYY
01/01/2006	01/31/2006

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	137	158		******	4.4	5.2				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6012	******		******	196.2	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2006	02/28/2006

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	12.7	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6036	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.78	******	7.12				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	230	322		******	8.2	11				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6106	******		******	216.1	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	476	607		******	15.84	19.3				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.433	1.471		******	49.6	51.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.06	.07				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.5	.5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.51	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.6	2.2		******	.02	.08				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	116	111		******	4.1	4.2				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5414	******		******	194.3	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6150	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.77	******	7.23				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	282	403		******	10.1	14				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5862	******		******	209.6	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	399	588		******	14.02	20.38				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.575	1.638		******	55.3	58.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2006	03/31/2006

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.08	.09				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.5	.5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	13				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.4	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	3.3		******	.02	.11				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	108	127		******	3.8	4.4				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5174	******		******	183.8	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

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03/01/2006	03/31/2006

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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ID0022853	001-A
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04/01/2006	04/30/2006

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MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.7	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	13799	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.53	******	7.04				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	246	318		******	8.5	11				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5771	******		******	200.9	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	480	575		******	16.58	19.77				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.497	1.56		******	51.1	53.6				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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04/01/2006	04/30/2006

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.06	.06				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.5	.5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	******	30				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.47	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	1.7		******	.02	.06				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	98	111		******	3.4	3.8				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5229	******		******	182.1	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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04/01/2006	04/30/2006

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17.3	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	14102	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.41	******	6.79				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	180	245		******	6.5	8.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5622	******		******	203.4	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	579	719		******	20.12	25				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.441	1.453		******	53	53.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.08				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.6	.6				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	17				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.34	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.6	2.5		******	.02	.09				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	96	115		******	3.5	4.2				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5402	******		******	195.6	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2006	05/31/2006

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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06/01/2006	06/30/2006

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MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	19.4	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	7418	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.47	******	6.96				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	204	236		******	7.2	7.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6561	******		******	232.2	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	428	625		******	14.72	20.65				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.349	1.412		******	49.2	50.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.06	.07				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.4	.4				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	11	3	110				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.38	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.7	1.4		******	.03	.05				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	107	125		******	3.8	4.5				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5670	******		******	200.8	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	21.5	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1777	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6	******	6.89		1		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	221	257		******	7.7	8.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6357	******		******	221	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	364	605		******	12.54	20.5		1		
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	.012	.018		******	.4	.6				
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.231	1.374		******	42.6	48.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.04	.05				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.9	1.9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.6	5.7				
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	3	8				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.39	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.9	1.8		******	.03	.06				
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	118	145		******	4.1	5.2				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6363	******		******	220.7	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2006	08/31/2006

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	22.5	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	633	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.4	******	6.88				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	197	247		******	6.8	8.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6430	******		******	221.9	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	396	519		******	13.41	17.2		1		
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	.016	.021		******	.6	.7				
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.195	1.272		******	40.6	42.5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.03	.03				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.5	.5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.9	4.2				
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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ID0022853	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2006	08/31/2006

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	3	8				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.46	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.8	2.1		******	.03	.07				
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	113	133		******	3.9	4.5				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6200	******		******	214.3	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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COEUR D'ALENE, ID 83814
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2006	08/31/2006

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2006	09/30/2006

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	21.9	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1296	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.42	******	6.84				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	214	229		******	7.5	8.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6326	******		******	221.6	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	390	595		******	13.59	20.85		1		
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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Silver total recoverable	SAMPLE MEASUREMENT	.01	.011		******	.4	.4				
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.153	1.199		******	40.9	42.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.04	.05				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.3	.3				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.7	4.9				
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	7				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.39	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	.9		******	.02	.03				
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	115	148		******	4	5.1				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5896	******		******	206.2	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2006	09/30/2006

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

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"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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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10/01/2006	10/31/2006

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	19.8	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1703	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.45	******	6.93				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	145	200		******	5.3	7.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6513	******		******	240.7	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	337	372		******	12.56	16.1				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.016	.016		******	.6	.6				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.454	1.454		******	53.3	53.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.09	.09				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.4	.4				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	4				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.24	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	1.1		******	.02	.04				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	105	113		******	3.9	4.2				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5683	******		******	210.4	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

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ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2006	11/30/2006

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	16.6	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5651	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.56	******	6.92				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	305	403		******	10.1	13				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6867	******		******	230.5	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	442	501		******	14.39	16.1				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.038	.04		******	1.4	1.4				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.393	1.537		******	49.4	49.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.08				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.4	.4				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	7	******	50				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.73	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	1		******	.01	.03				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	129	167		******	4.4	5.9				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6653	******		******	222.6	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.6	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5354	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.58	******	7.31				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	415	506		******	12.8	15				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7309	******		******	226.2	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	569	704		******	17.46	21.3				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.093	.1		******	3.1	3.3				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2006	12/31/2006

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.474	1.493		******	49.1	50.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.06	.06				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.5	.5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.8	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	1.3		******	.01	.04				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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12/01/2006	12/31/2006

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	210	233		******	6.5	7.2				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7233	******		******	225.9	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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01/01/2007	01/31/2007

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.1	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5546	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.77	******	7.09				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	433	478		******	13.3	15.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7152	******		******	220	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	604	865		******	18.98	27.5				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.064	.083		******	2	2.7				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.759	1.805		******	55.3	56.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.08	.09				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.5	.5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	******	4				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.85	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	.9		******	.02	.03				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2007	01/31/2007

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	206	273		******	6.3	7.8				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6770	******		******	208	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2007	02/28/2007

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	13.1	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5023	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.65	******	6.92				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	388	490		******	12.3	16				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6886	******		******	217	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	667	797		******	20.35	24.75				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.521	1.53		******	47.5	48.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.06	.07				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.4	.4				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	******	11				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.85	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.7	1.9		******	.02	.06				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	148	183		******	4.7	5.7				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6449	******		******	203.1	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2007	02/28/2007

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2007	03/31/2007

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	14.2	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	12852	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.37	******	7.03				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	251	322		******	8.3	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6537	******		******	216.9	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	538	651		******	18.09	22.05				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.9	1.948		******	58.5	60.5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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Form Approved
OMB No. 2040-0004

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03/01/2007	03/31/2007

DMR Mailing ZIP CODE: 83814
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.07				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.5	.5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	4				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.66	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.2	6.1		******	.04	.21				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	133	148		******	4.4	5.2				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6674	******		******	221.5	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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MONITORING PERIOD	
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03/01/2007	03/31/2007

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	74	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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04/01/2007	04/30/2007

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MAJOR $
(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15.8	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	12122	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.39	******	7.14				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	159	207		******	5.7	7.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6324	******		******	227.3	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	435	547		******	15.43	19.3				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.587	1.619		******	56.1	57.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.003		******	.07	.11				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.39	.43				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	4				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.37	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.6	1.1		******	.02	.04				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	108	126		******	3.9	4.5				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5026	******		******	180.5	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.4	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8811	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.14	******	6.67		1		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	180	193		******	6.2	6.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7307	******		******	241.5	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	400	488		******	13.43	16.3				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.433	1.442		******	50.5	50.5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2007	05/31/2007

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.003		******	.08	.1				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.48	.54				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	7				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.46	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.7	1.5		******	.02	.05				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	126	155		******	4.4	5.4				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6473	******		******	214.2	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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
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TYPED OR PRINTED					

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

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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MM/DD/YYYY	MM/DD/YYYY
06/01/2007	06/30/2007

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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	20.3	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3358	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.3	******	6.73				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	198	252		******	6.7	8.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7734	******		******	249.1	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	392	588		******	11.57	13.6				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.406	1.464		******	47.9	50				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.003		******	.08	.09				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.31	.34				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	3	23				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.63	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.9	1.3		******	.03	.04				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	127	130		******	4.3	4.3				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6729	******		******	216.9	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	22.5	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1065	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.23	******	6.71		1		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	160	187		******	5.7	6.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7791	******		******	245	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	258	357		******	8.98	11.95				
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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Silver total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.11	.12				
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.158	1.212		******	40.3	40.6				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.05	.05				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.29	.3				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.62	4.63				
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	3	17				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.8	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.9	2.8		******	.03	.09				
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	118	124		******	4.2	4.4				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6974	******		******	219.5	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2007	07/31/2007

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	23.1	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	455	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.41	******	6.76				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	213	244		******	7.4	8.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8305	******		******	256.1	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	298	539		******	10.36	18.3		1		
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	.006	.009		******	.2	.32				
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.19	1.231		******	41.4	41.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.03	.04				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.33	.41				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.57	4.96				
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	3	13				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.87	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.7	1.3		******	.02	.04				
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	145	185		******	5.1	8.4				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6.968	******		******	213.9	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
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08/01/2007	08/31/2007

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	21.8	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	933	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.44	******	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	161	201		******	5.5	6.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7668	******		******	243.3	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	212	248		******	7.25	8.42				
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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Silver total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.12	.12				
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.047	1.047		******	36.8	36.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.07				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.31	.31				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.79	4.79				
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	3	4				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.79	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.8	2.6		******	.02	.08				
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	124	136		******	4.3	4.7				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6857	******		******	217.5	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2007	09/30/2007

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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ID0022853	001-A
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10/01/2007	10/31/2007

DMR Mailing ZIP CODE: 83814
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	19.6	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1934	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.49	******	6.95				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	200	223		******	6.9	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7731	******		******	247.4	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	365	424		******	12.47	14.4				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.15	.15				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.828	.828		******	27.9	27.9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.06	.06				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.25	.25				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	4				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.76	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.6	1.6		******	.02	.05				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	125	166		******	4.3	6				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7943	******		******	254	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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Form Approved
OMB No. 2040-0004

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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2007	11/30/2007

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	17.7	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2475	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.32	******	6.85				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	267	325		******	9.4	11				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7381	******		******	241.7	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	378	414		******	12.6	14.05				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.014	.014		******	.5	.5				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.318	1.318		******	46.2	46.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.03	.03				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.7	.7				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	******	8				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.71	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.7	1.5		******	.02	.05				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	133	148		******	4.7	5				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7716	******		******	252.8	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2007	12/31/2007

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	14.9	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3634	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.4	******	6.98				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	263	317		******	9	10.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7207	******		******	231.7	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	436	508		******	14.29	18.75				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.28	.28				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.158	1.158		******	42.2	42.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.06	.06				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.41	.41				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	******	30				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.84	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.8	1.9		******	.03	.05				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	146	165		******	5	5.6				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	8005	******		******	258.9	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.4	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2825	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.47	******	7.02				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	214	282		******	7.5	9.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7429	******		******	243	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	476	509		******	16.52	18.05				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.22	.22				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.394	1.394		******	46.7	46.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.05	.05				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.64	.64				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	4				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.72	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.9	3		******	.03	.1				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	149	177		******	5.2	5.9				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	8117	******		******	265.5	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2573	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.51	******	7.02				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	248	407		******	8.9	15				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8047	******		******	258.2	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	576	832		******	19.74	29.1				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.455	1.455		******	45.8	45.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.07				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.29	.29				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	4				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.77	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.3	3.7		******	.04	.12				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	178	241		******	6.3	8.9				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	8651	******		******	277.1	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2008	02/29/2008

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ID0022853	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2008	03/31/2008

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.2	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6177	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.35	******	7.07				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	245	284		******	8.5	9.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7874	******		******	252.9	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.231	1.285		******	42.6	43.9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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03/01/2008	03/31/2008

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.002		******	.05	.06				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.61	.86				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	35	******	130				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.76	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1	2.2		******	.03	.07				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	145	161		******	5	5.6				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	8427	******		******	270.9	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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03/01/2008	03/31/2008

DMR Mailing ZIP CODE: 83814
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	80	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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04/01/2008	04/30/2008

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.2	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8009	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.39	******	6.86				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	200	258		******	7.1	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7443	******		******	245.6	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	612	662		******	21.03	23.15				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.578	1.578		******	54.2	54.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.04	.04				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.38	.38				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	7	******	30				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.69	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	135	196		******	4.8	6.9				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	8170	******		******	269.2	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	81	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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05/01/2008	05/31/2008

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	16.7	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	26035	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.36	******	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	128	153		******	4.5	5.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7927	******		******	255.1	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.373	1.373		******	49	49				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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

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"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2008	05/31/2008

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.1	.1				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.48	.48				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	3	30				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.72	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	110	142		******	3.9	4.9				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7943	******		******	255.8	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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06/01/2008	06/30/2008

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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.8	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	23261	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.37	******	6.91				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	205	338		******	7	11.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7727	******		******	242.5	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.597	1.597		******	47.4	47.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.04	.04				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.32	.32				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	11	4	70				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.82	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.8	1.9		******	.03	.06				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	138	156		******	4.7	5.5				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7950	******		******	249.7	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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06/01/2008	06/30/2008

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	21.5	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3835	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.42	******	6.93				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	283	326		******	9.6	11.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7991	******		******	242.9	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	361	566		******	12.09	18.7		2		
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	.009	.009		******	.3	.3				
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.55	1.55		******	51.9	51.9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.21	.21				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.71	.71				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	10.2	10.2				
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2008	07/31/2008

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	97	10	900		1		
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.92	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.9	1.9		******	.03	.06				
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	123	142		******	4.2	4.8				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7834	******		******	239.5	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	22.4	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1136	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.41	******	6.76				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	210	248		******	6.8	8.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7829	******		******	235.5	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	210	248		******	6.8	8.2				
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	305	425		******	9.97	14.05				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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08/01/2008	08/31/2008

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.473	1.509		******	46.3	49.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.02	.02				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	1.12	1.31				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	7.76	8.92				
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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08/01/2008	08/31/2008

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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	3	13				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.94	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.9	1.7		******	.03	.05				
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	125	168		******	4.1	5.5				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7409	******		******	225.3	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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08/01/2008	08/31/2008

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	21.6	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1469	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.35	******	6.91				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	169	182		******	5.8	6.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7574	******		******	241	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	169	182		******	5.8	3.2				
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.05	.05		******	.27	.27				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.532	1.532		******	48	48				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.08	.08				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.83	.83				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	8.26	8.26				
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2008	09/30/2008

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	8				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.83	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	123	182		******	4.24	6.27				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7381	******		******	235	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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COEUR D'ALENE, ID 83814
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ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
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09/01/2008	09/30/2008

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

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

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OMB No. 2040-0004

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ID0022853	001-A
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10/01/2008	10/31/2008

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(SUBR 01)

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	******	******	******	******	19.9	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2012	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.51	******	6.93				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	244	303		******	8.9	10.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7369	******		******	237	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.913	.913		******	32.2	32.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.04	.04				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.36	.36				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.76	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2008	10/31/2008

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	99	115		******	3.62	4.42				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7006	******		******	225	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
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COEUR D'ALENE, ID 83814
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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2008	11/30/2008

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	17.2	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2485	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.09				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	229	288		******	8.1	10.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7232	******		******	231	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	253	337		******	9.08	12.5				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.26	.26				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.75	.75		******	25.7	25.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.04	.04				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.35	.35				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.71	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.7	1.4		******	.02	.05				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2008	11/30/2008

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	142	170		******	5.01	6.02				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7134	******		******	228	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2008	12/31/2008

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	14.5	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3640	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.73	******	7.35				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	291	360		******	9.4	11.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6740	******		******	242	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	470	686		******	15.3	21.4				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.25	.25				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2008	12/31/2008

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.82	1.182		******	38.3	38.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.06	.06				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.32	.32				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	4				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.45	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.8	3.6		******	.03	.1				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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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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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2008	12/31/2008

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	135	153		******	4.3	4.76				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6213	******		******	221	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2009	01/31/2009

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	12.9	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6846	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.79	******	7.36				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	317	422		******	10.3	13.9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7350	******		******	223	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	760	966		******	26.3	34				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.21	.21				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2009	01/31/2009

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.695	.695		******	24.1	24.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0004	.0004		******	.015	.015				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.27	.27				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	12	******	1600		1		
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.89	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.2	2.8		******	.04	.08				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2009	01/31/2009

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	168	205		******	5.71	6.51				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6742	******		******	211	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2009	02/28/2009

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	12.7	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	4022	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.66	******	7.33				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	252	259		******	8.8	9.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7593	******		******	242	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	453	651		******	15.7	21.8				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.28	1.39		******	46.9	50.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2009	02/28/2009

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0014	.0016		******	.05	.06				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.34	.35				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.79	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.8	1.7		******	.03	.06				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	127	134		******	4.43	4.9				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7014	******		******	223	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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OMB No. 2040-0004

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MONITORING PERIOD	
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03/01/2009	03/31/2009

DMR Mailing ZIP CODE: 83814
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	12.6	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8483	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.55	******	7.16				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	228	259		******	7.9	8.9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7198	******		******	228	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	535	751		******	18	21.8				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.37	1.37		******	46.7	46.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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03/01/2009	03/31/2009

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0015	.0015		******	.05	.05				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.34	.34				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	4				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.85	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.8	1.4		******	.03	.05				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	125	130		******	4.36	4.56				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7130	******		******	226	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
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03/01/2009	03/31/2009

DMR Mailing ZIP CODE: 83814
MAJOR $
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.2	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	15219	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.48	******	7.33				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	167	227		******	5.9	7.9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7075	******		******	228	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	566	696		******	19.6	23.5				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.22	1.22		******	42.4	42.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0017	.0017		******	.06	.06				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.32	.32				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.76	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.8	2		******	.03	.07				
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	110	128		******	3.91	4.63				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7106	******		******	229	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2009	04/30/2009

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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05/01/2009	05/31/2009

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16.7	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	19006	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.08			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	263	340		******	8.1	9.9			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7301	******		******	230	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	573	938		******	18.7	26.5			Twice per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.18	1.18		******	41.4	41.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0014	.0014		******	.05	.05			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.33	.33			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	14	4	300			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.81	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.1	5.2		******	.03	.12			Four per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	148	183		******	4.67	5.37			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7091	******		******	224	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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05/01/2009	05/31/2009

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	19.7	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8071	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.58	******	7.07			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	195	266		******	6.7	9			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8016	******		******	250	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	333	491		******	11.6	17.3			Twice per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.22	1.22		******	42.5	42.5			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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Cadmium, total recoverable	SAMPLE MEASUREMENT	.0009	.0009		******	.03	.03			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.31	.31			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	2	4			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.84	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.8	1.4		******	.03	.05			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	121	183		******	4.17	6.38			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7288	******		******	228	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******				Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	21.2	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1668	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.62	******	6.98			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	197	224		******	6.6	7.6			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8016	******		******	243	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	371	576		******	12.6	19.5		2	Weekdays	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2009	07/31/2009

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	< .003	< .003		******	< .1	< .1			Monthly	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.07	1.07		******	32.1	32.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.03	.03			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.25	.25			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.55	4.55			Monthly	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	3	13			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.92	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.97	2.36		******	.03	.08			Four per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	125	169		******	4.25	5.79			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7377	******		******	226	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	22.9	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	889	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.42	******	7.01			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	184	271		******	6.1	8.6			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8104	******		******	244	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	232	313		******	7.7	10.3			Weekdays	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Silver total recoverable	SAMPLE MEASUREMENT	.005	.006		******	.19	.19			Three per Month	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.21	1.29		******	41.5	43.9			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0017	.002		******	.06	.07			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.46	.51			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.11	4.25			Three per Month	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	3	13			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.96	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.91	2.7		******	.03	.09			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	162	209		******	5.34	6.66			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7525	******		******	226	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	22.2	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1106	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.57	******	7.01			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	172	205		******	5.9	7			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7290	******		******	229	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	218	526		******	7.5	17			Four per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	< .003	< .003		******	< .1	< .1			Monthly	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.04	1.04		******	35.5	35.5			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0023	.0023		******	.08	.08			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.25	.25			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.69	3.69			Monthly	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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ID0022853	001-A
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MONITORING PERIOD	
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	8			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.79	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.82	2.1		******	.03	.07			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	116	160		******	3.97	5.49			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6512	******		******	205	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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10/01/2009	10/31/2009

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(SUBR 01)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	19.6	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1529	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.68	******	7.12			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	158	208		******	5.5	7			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8104	******		******	263	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	296	503		******	10.3	16.2			Weekdays	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.07			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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Silver total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.07	.07			Monthly	24 Hour Composite
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.92	.92		******	32.7	32.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0011	.0011		******	.04	.04			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.23	.23			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	******	17			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.76	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.95	3.5		******	.03	.11			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	112	156		******	3.93	5.18			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7563	******		******	240	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	17.2	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2534	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.71	******	7.89			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	255	293		******	92	10.3			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7554	******		******	246	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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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(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.11	.11			Monthly	24 Hour Composite
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.33	1.33		******	48.6	48.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0016	.0016		******	.06	.06			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.35	.35			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.69	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.57	1.42		******	.02	.05			Three per Day	24 Hour Composite
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0022853	001-A

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MM/DD/YYYY	MM/DD/YYYY
11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	109	151		******	4.02	5.57			Three per Month	
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6625	******		******	218	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2009	12/31/2009

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	14.4	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2935	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.01	******	7.42			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	453	608		******	15.7	20.8			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7527	******		******	236	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.15	1.15		******	42.4	42.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0019	.0019		******	.07	.07			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.37	.37			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	19	******	110			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.79	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.66	1.83		******	.02	.06			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	155	215		******	5.39	7.76			Twice per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7082	******		******	223	******			Twice per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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01/01/2010	01/31/2010

DMR Mailing ZIP CODE: 83814
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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.3	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2961	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.98	******	7.64			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	409	461		******	14.7	16.2			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7626	******		******	248	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	712	859		******	25.6	31.9			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.18	.18			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2010	01/31/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.02	1.02		******	37.1	37.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0017	.0017		******	.06	.06			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.43	.43			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	32	******	80			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.7	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.82	1.43		******	.03	.05			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2010	01/31/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	138	158		******	4.95	5.62			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6981	******		******	229	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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Form Approved
OMB No. 2040-0004

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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2010	02/28/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.7	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2999	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.86	******	7.43			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	332	390		******	12.1	14.2			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7404	******		******	245	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	606	807		******	22.1	29.4			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.28	1.33		******	46.7	48.2			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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Cadmium, total recoverable	SAMPLE MEASUREMENT	.0016	.0017		******	.06	.06			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.32	.34			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.62	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.81	1.64		******	.03	.06			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	128	148		******	4.7	5.35			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7800	******		******	260	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.2	******			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3292	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.62	******	7.31			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	247	323		******	9.1	11.8			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7314	******		******	242	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	456	652		******	16.7	23.8			Weekdays	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.32	1.32		******	47.8	47.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0019	.0019		******	.07	.07			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.39	.39			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.61	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.99	3.65		******	.04	.13			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	107	132		******	3.94	4.82			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6637	******		******	222	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	15.2	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6144	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.74	******	7.14			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	142	190		******	5	6.8			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7343	******		******	231	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	409	540		******	14.5	18.1			Weekdays	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.53	1.53		******	54.7	54.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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OMB No. 2040-0004

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DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0014	.0014		******	.05	.05			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.25	.25			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.9	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.78	2.51		******	.03	.08			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	101	132		******	3.56	4.83			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7016	******		******	219	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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MM/DD/YYYY	MM/DD/YYYY
05/01/2010	05/31/2010

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16.9	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	10130	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.4	******	7.07			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	167	244		******	5.7	8.4			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7896	******		******	234	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	373	525		******	12.9	18.3			Weekdays	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.42	1.42		******	50.9	50.9			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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

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COEUR D'ALENE, ID 83814
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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
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05/01/2010	05/31/2010

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0017	.0017		******	.06	.06			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.27	.27			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	8			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.03	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.89	1.7		******	.03	.06			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	106	136		******	3.69	4.66			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7500	******		******	222	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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DMR Mailing ZIP CODE: 83814
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.7	******			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	12852	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.31	******	7.02			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	132	175		******	4.4	5.7			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8020	******		******	227	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	279	395		******	9.3	13.6			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.55	1.55		******	53.4	53.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2010	06/30/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0026	.0026		******	.09	.09			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.4	.4			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	4			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.24	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.14	5.48		******	.04	.16			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	75	97		******	2.52	3.29			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6349	******		******	182	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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06/01/2010	06/30/2010

DMR Mailing ZIP CODE: 83814
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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	21	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2685	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.42	******	7.3			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	113	137		******	3.8	4.7			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8243	******		******	238	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	225	559		******	7.5	18.5			Four per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.12	.12			Monthly	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.58	1.58		******	52.7	52.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0021	.0021		******	.07	.07			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.54	.54			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.39	4.39			Monthly	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	2	2			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.14	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.91	1.72		******	.03	.06			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	132	197		******	4.45	6.55			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7547	******		******	218	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	22.5	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	856	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.73	******	7.08			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	174	226		******	5.7	7.3			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8370	******		******	241	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	238	296		******	7.8	9.8			Weekdays	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Three per Month	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.17	1.2		******	38.3	39.2			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0013	.0021		******	.04	.07			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.22	.23			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.92	5.18			Three per Month	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	12	3	130			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.13	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.2	1.85		******	.0397	.06			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	160	242		******	5.21	7.98			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	8014	******		******	228	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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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FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	21.7	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1.358	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.73	******	7.14			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	158	208		******	5.3	7			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7872	******		******	233	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	208	286		******	7	9.6			Four per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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

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OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.12	1.12		******	37.8	37.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0018	.0018		******	.06	.06			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.2	.2			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.94	4.94			Monthly	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	7			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.02	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.95	1.85		******	.032	.06			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	138	242		******	4.69	8.15			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7.262	******		******	217	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

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	******	******	******	******	20.2	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1865	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.81	******	7.31			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	131	160		******	4.5	5.6			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7744	******		******	232	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	206	319		******	7.1	11.1			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.05	1.05		******	37.3	37.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .001		******	0	< .05			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.3	.3			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.02	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.74	2		******	.03	.07			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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

Form Approved
OMB No. 2040-0004

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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	129	217		******	4.52	7.7			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7288	******		******	218	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	17.3	******			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3251	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.78	******	7.29			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	244	291		******	8.5	9.7			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7519	******		******	222	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	339	525		******	11.7	16.9			Three per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.11	.11			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.15	1.15		******	42.3	42.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.22	.22			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	8			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.04	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.71	1.79		******	.02	.06			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	130	151		******	4.59	5.53			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7287	******		******	216	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
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ID0022853	001-A
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12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	14.6	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6770	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.92	******	7.33			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	492	657		******	16.8	22.2			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7474	******		******	221	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	478	690		******	16.4	23			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.21	.21			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.33	1.33		******	45.8	45.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.11	.11			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.31	.31			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	11			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.05	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.75	1.39		******	.03	.05			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	175	204		******	6.01	7.03			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	8194	******		******	242	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	13	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	13272	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.06	******	7.48			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	373	490		******	12.7	17			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7266	******		******	209	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	633	890		******	21.4	25.7			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.26	.26			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
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ID0022853	001-A

MONITORING PERIOD	
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01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.31	1.31		******	45.8	45.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.35	.35			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	4			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.18	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.88	1.43		******	.03	.05			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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

Form Approved
OMB No. 2040-0004

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COEUR D'ALENE, ID 83814
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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	172	191		******	5.79	6.47			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7772	******		******	224	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	12.7	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8828	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.09	******	7.45			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	332	360		******	11.7	12.8			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7651	******		******	228	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	576	720		******	20.4	24.6			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.43	1.43		******	52.8	52.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.06	.06			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.38	.38			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.02	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.93	1.74		******	.03	.06			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	158	178		******	5.67	6.47			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7746	******		******	233	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	12.9	******			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8841	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.13	******	7.45			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	474	606		******	16.5	21.7			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8013	******		******	237	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	631	807		******	22	25.9			Weekdays	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.47	1.47		******	51.7	51.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.05	.05			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.38	.38			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.08	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.97	2		******	.03	.07			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	173	205		******	6.07	7.26			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7394	******		******	218	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83814
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.9	******			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	18026	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.84	******	7.51			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	612	717		******	21.2	24.2			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7758	******		******	229	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	546	752		******	19	25.4			Weekdays	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.5	1.63		******	50.2	52.2			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.003		******	.03	.1			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.46	.51			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	13			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.09	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.85	3.62		******	.03	.12			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	204	235		******	7.13	8			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7569	******		******	224	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

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DMR Mailing ZIP CODE: 83814
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15.8	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	24241	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.76	******	7.24			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	287	391		******	9.8	13.1			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	10932	******		******	316	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	414	522		******	14.2	18.1			Weekdays	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.68	1.68		******	58.5	58.5			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.1	.1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2.73	2.73			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	2	2			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.15	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.98	2.07		******	.03	.07			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	144	151		******	4.94	5.27			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	9413	******		******	274	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.1	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	22382	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.76	******	7.3			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	218	245		******	7.3	8			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	12385	******		******	351	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	397	603		******	13.2	18.2			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.49	1.49		******	49.4	49.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.06	.06			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.96	.96			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	2	13			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.59	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.93	2.12		******	.03	.07			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	124	142		******	4.13	4.79			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	10918	******		******	308	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMIT NUMBER	DISCHARGE NUMBER
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06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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ID0022853	001-A
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DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	20.5	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6417	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.63	******	7.01			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	181	197		******	6.1	6.6			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	9492	******		******	320	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	253	424		******	6.5	14.7			Four per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.54	1.54		******	51.3	51.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2.44	2.44			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.46	5.46			Monthly	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	2	13			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.53	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.97	1.78		******	.03	.06			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	128	186		******	4.32	6.28			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	8982	******		******	303	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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
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TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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08/01/2011	08/31/2011

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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	22	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1265	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.71	******	7.21			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	191	229		******	6.5	7.9			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	9424	******		******	321	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	246	359		******	8.4	12			Weekdays	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.23	1.23		******	41.1	41.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	1.82	1.82			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.67	4.67			Monthly	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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08/01/2011	08/31/2011

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	13			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.51	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.9	1.89		******	.03	.06			Three per Week	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	149	223		******	5.09	7.51			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7766	******		******	265	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83814
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	22	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1166	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.83	******	7.39			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	178	194		******	6.2	6.7			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8522	******		******	299	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	168	208		******	5.9	7.4			Four per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Three per Month	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.88	.91		******	32	33.1			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.21	.23			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.31	7.72			Three per Month	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	4			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.39	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.05	2.04		******	.038	.07			Three per Week	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	135	158		******	4.79	5.67			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7699	******		******	272	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	20.3	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1612	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.25			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	173	182		******	6.3	6.5			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8986	******		******	324	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	220	291		******	8	9.9			Weekdays	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.32	1.32		******	43.1	43.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	6.71	6.71			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	4			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.34	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.08	2.12		******	.04	.08			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	117	179		******	4.19	6.57			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7570	******		******	271	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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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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ID0022853	001-A
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MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16.9	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2500	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.93	******	7.38			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	412	669		******	14.5	20.7			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8982	******		******	322	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	495	800		******	17.6	29.4			Three per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.99	.99		******	35.8	35.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.2	.2			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	4			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.43	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.1	2.69		******	.04	.08			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	154	183		******	5.54	5.92			Twice per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7867	******		******	284	******			Twice per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	14.6	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2562	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.99	******	7.4			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	393	576		******	14.2	21.3			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8879	******		******	320	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	628	782		******	22.7	28.2			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.19	.19			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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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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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.09	1.09		******	42.4	42.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	1.65	1.65			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	7	******	300			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.31	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.01	1.98		******	.04	.07			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	192	253		******	7.09	9.39			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	8398	******		******	308	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	13.2	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2247	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.04	******	7.33			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	363	399		******	12.9	13.4			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	9208	******		******	321	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	635	813		******	22.6	28.8			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.1	.1			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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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: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.27	1.27		******	47.1	47.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	1.7	1.7			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.41	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.86	1.62		******	.03	.05			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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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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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	143	153		******	5.13	5.51			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7637	******		******	274	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	12.8	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3362	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.39			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	339	360		******	12.1	13.1			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8905	******		******	318	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	674	832		******	24	29.2			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.46	1.46		******	50.5	50.5			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.69	1.92			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.37	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1	2.57		******	.04	.09			Daily	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	155	167		******	5.54	5.63			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7784	******		******	279	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	13	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	9320	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.97	******	7.38			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	246	320		******	8.3	11.5			Five per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8688	******		******	296	******			Five per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	608	748		******	20.7	24.5			Five per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.38	1.38		******	48.9	48.9			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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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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ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	1.29	1.29			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	4			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.52	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.01	2.26		******	.03	.08			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	118	152		******	4.03	5.48			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7385	******		******	251	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	14.6	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	24192	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.92	******	7.35			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	191	216		******	6.7	7.6			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8502	******		******	300	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	557	734		******	19.6	24.3			Weekdays	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.27	1.27		******	45.2	45.2			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

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MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .0014		******	0	< .05			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2.43	2.43			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	13			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.38	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.87	1.81		******	.03	.06			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	128	165		******	4.56	5.8			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6281	******		******	224	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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05/01/2012	05/31/2012

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16.9	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	21900	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.76	******	7.16			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	221	269		******	7.8	9.2			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8677	******		******	306	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	386	460		******	13.6	16.4			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.28	1.28		******	46.6	46.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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05/01/2012	05/31/2012

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .001		******	0	< .05			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.24	.24			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	4			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.37	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.71	1.43		******	.03	.05			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	126	195		******	4.5	6.85			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5973	******		******	213	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.6	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	16518	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.65	******	7.22			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	173	205		******	5.8	7.1			Five per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	9144	******		******	308	******			Five per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	351	485		******	11.8	15.2			Five per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.28	1.28		******	42.7	42.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	1.27	1.27			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	3	8			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.53	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.67	1.15		******	.02	.04			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	125	154		******	4.13	4.98			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6652	******		******	221	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	21.6	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3645	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.59	******	7.06			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	146	176		******	4.9	5.9			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	9166	******		******	305	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	228	284		******	7.6	9.7			Four per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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
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TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.91	1.91		******	60.4	60.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	1.94	1.94			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	12.4	12.4			Monthly	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	3	8			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.59	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.73	1.17		******	.02	.04			Daily	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	126	182		******	4.53	6.12			Twice per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6559	******		******	220	******			Twice per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	23.5	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	936	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.53	******	7.16			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	155	191		******	5.3	6.5			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8929	******		******	303	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	179	273		******	6.1	9.1			Weekdays	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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ID0022853	001-A
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Three per Month	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.12	1.13		******	38.2	39.1			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.34	.38			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.94	4.21			Three per Month	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	3	17			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.51	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.6	1.16		******	.02	.04			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	112	131		******	3.82	4.52			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6894	******		******	235	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	22.5	******			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1019	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.01			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	116	132		******	4	4.6			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8692	******		******	302	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	159	198		******	5.5	6.8			Four per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.11	1.11		******	38.2	38.2			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .001		******	0	< .05			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.69	.69			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.44	4.44			Monthly	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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ID0022853	001-A
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DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	3	11			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.43	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.67	1.12		******	.024	.04			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	126	154		******	4.43	5.44			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5704	******		******	199	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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ID0022853	001-A
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10/01/2012	10/31/2012

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(SUBR 01)

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	******	******	******	******	20.2	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1557	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.01			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	138	175		******	4.8	6.2			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8635	******		******	301	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	201	322		******	7	11.4			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.5	1.5		******	54.8	54.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .0027		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.94	.94			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	7	******	30			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.44	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.7	1.12		******	.02	.04			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	92	115		******	3.29	4.11			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6371	******		******	227	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	18.4	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3807	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.62	******	7.14			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	190	246		******	6.6	7.8			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8495	******		******	296	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	276	475		******	9.5	16.1			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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

Form Approved
OMB No. 2040-0004

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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.38	1.38		******	49.8	49.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.96	.96			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	8			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.41	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.63	1.05		******	.02	.04			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

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

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	117	163		******	4.13	5.12			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6707	******		******	238	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

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

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	16	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8298	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.94	******	7.36			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	212	240		******	7.5	8.3			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8178	******		******	289	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	504	633		******	17.8	22.5			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	0	< .0034		******	0	< .1			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.63	1.63		******	47.6	47.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	.0034		******	.1	.1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.5	.5			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.38	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.75	1.12		******	.03	.04			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	137	144		******	4.88	5.16			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7143	******		******	257	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.8	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3255	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.12	******	7.36			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	249	297		******	9	10.7			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8099	******		******	292	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	585	708		******	21	24.5			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.11	.11			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.35	1.35		******	44.1	44.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.9	.9			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	7			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.33	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.62	1.38		******	.02	.05			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
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COEUR D'ALENE, ID 83814
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01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	136	164		******	4.89	5.89			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7207	******		******	260	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.6	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	4228	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.08	******	7.4			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	283	322		******	10.5	11.6			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8305	******		******	309	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	541	699		******	20.2	25.1			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.15	1.25		******	42.8	45.8			Four per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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Form Approved
OMB No. 2040-0004

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.004		******	.06	.14			Four per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.35	.63			Four per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	******	23			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.21	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.54	1.01		******	.02	.04			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	148	175		******	5.52	6.3			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6562	******		******	246	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.1	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	7920	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.95	******	7.33			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	274	295		******	10.3	10.8			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8042	******		******	302	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	461	589		******	17.3	21.2			Weekdays	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.37	1.37		******	49.3	49.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.06	.06			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.69	.69			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	4			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.18	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.52	1.39		******	.02	.05			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	130	159		******	4.8	5.78			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7058	******		******	260	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	15.4	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	14888	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.88	******	7.21			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	195	240		******	7.3	9.3			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8074	******		******	303	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	375	563		******	14.1	21.2			Weekdays	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.48	1.48		******	55.7	55.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
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04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.062	.062			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.523	.523			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.21	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.42	.72		******	.02	.03			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	98	110		******	3.7	4.18			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6677	******		******	253	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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COEUR D'ALENE, ID 83814
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COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.1	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	12420	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.42	******	7.22			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	141	179		******	5.2	6.5			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8984	******		******	330	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	311	396		******	11.4	15			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.26	1.26		******	48.1	48.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
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COEUR D'ALENE, ID 83814
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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.05	.05			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.8	.8			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	3	50			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.23	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	.93		******	.02	.04			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	110	152		******	4.07	5.7			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7143	******		******	264	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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DMR Mailing ZIP CODE: 83814
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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	19.9	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5053	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.44	******	6.99			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	139	166		******	5	5.8			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8597	******		******	308	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	290	389		******	10.4	14.1			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.35	1.35		******	49	49			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.08	.08			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.41	.41			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	8			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.33	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.53	.85		******	.02	.03			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	102	120		******	3.63	4.45			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7430	******		******	262	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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07/01/2013	07/31/2013

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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	22.2	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1402	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.51	******	7.02			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	131	134		******	4.8	4.8			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8655	******		******	314	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	245	358		******	8.9	12			Four per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.38	1.38		******	47.4	47.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.11	.11			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.87	.87			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	8.35	8.35			Monthly	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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PERMIT NUMBER	DISCHARGE NUMBER
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07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83814
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	7			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.3	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.53	.93		******	.02	.03			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	88	107		******	3.22	3.96			Twice per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7080	******		******	258	******			Twice per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	23.4	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	834	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.48	******	7.01			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	206	232		******	7.4	8.5			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8652	******		******	313	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	214	257		******	7.74	9.67			Weekdays	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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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			
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Three per Month	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.08	1.09		******	38.7	39.5			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.2	.22			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.5	4.89			Three per Month	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	2	7			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.33	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.62	1.36		******	.02	.05			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	96	105		******	3.52	3.89			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6940	******		******	253	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	22.9	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1090	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.51	******	6.97			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	129	179		******	4.6	6.1			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8453	******		******	302	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	206	241		******	7.37	8.34			Four per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83814
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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.18	1.18		******	40.9	40.9			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .0014		******	0	< .05			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.38	.38			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	6.31	6.31			Monthly	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	6	3	22			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.34	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.51	.98		******	.02	.04			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	79	103		******	2.85	3.54			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6967	******		******	251	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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Form Approved
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MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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Form Approved
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MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

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	******	******	******	******	19.9	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2023	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.57	******	7.13			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	184	223		******	6.9	8.6			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7919	******		******	298	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	225	276		******	8.49	10.3			Weekdays	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.1	1.1		******	42.1	42.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.33	.33			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.17	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	.79		******	.02	.03			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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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: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	84	93		******	3.19	3.46			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6876	******		******	262	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	17.3	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2515	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.73	******	7.44			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	318	375		******	12.3	14.4			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8125	******		******	312	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	388	536		******	14.9	20.8			Three per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.14	1.14		******	43.4	43.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.4	.4			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.13	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.47	.99		******	.02	.04			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	135	205		******	5.26	7.86			Twice per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6614	******		******	257	******			Twice per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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ID0022853	001-A
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MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	15	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3872	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.17	******	8.14			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	314	437		******	11.7	16.4			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8452	******		******	316	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	573	695		******	21.3	25.2			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.18	.18			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ID0022853	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.94	.94		******	38.4	38.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .002		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.46	.46			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	4			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.22	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.46	2.48		******	.02	.1			Three per Week	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	193	233		******	7.5	8.8			Twice per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6871	******		******	268	******			Twice per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	13.7	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2761	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.09	******	7.51			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	265	291		******	10	11			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8498	******		******	321	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	673	814		******	25.5	30			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
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ID0022853	001-A
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01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.95	.95		******	35.8	35.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	.0043		******	0	.163			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.84	.84			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	4			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.17	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.3	.63		******	.01	.02			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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

Form Approved
OMB No. 2040-0004

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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	202	261		******	7.62	9.87			Twice per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7150	******		******	270	******			Twice per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	13	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3075	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.19	******	7.52			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	318	345		******	11.6	12.8			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8357	******		******	306	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	711	872		******	26	31.5			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.02	1.09		******	40.1	42.3			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.6	.78			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	9			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.26	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.31	.88		******	.01	.03			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	203	223		******	7.37	7.94			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6514	******		******	237	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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DMR Mailing ZIP CODE: 83814
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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	13.3	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	16227	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.22	******	7.6			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	386	676		******	13.5	21.6			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8263	******		******	296	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	774	1079		******	27.7	33.5			Weekdays	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.49	1.49		******	39.6	39.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .004		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.5	.5			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	6			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.34	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.49	.82		******	.02	.03			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	209	334		******	7.25	10.3			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5995	******		******	214	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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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: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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Form Approved
OMB No. 2040-0004

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MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15.2	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	16607	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	7.01	******	7.49			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	222	282		******	8.5	10.6			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8145	******		******	311	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	589	700		******	22.5	27.6			Weekdays	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.11	1.11		******	43.9	43.9			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.554	.554			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	2			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.15	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.47	.93		******	.02	.04			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	98	115		******	3.76	4.23			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6000	******		******	230	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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COEUR D'ALENE, ID 83814
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04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17.5	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	18484	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.89	******	7.29			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	179	206		******	6.7	7.8			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8249	******		******	310	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	472	569		******	17.7	21.7			Four per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.025	1.025		******	38.2	38.2			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.387	.387			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	2	4			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.17	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.62	2.42		******	.02	.09			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	83	101		******	3.15	3.85			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	5883	******		******	223	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	19.6	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	7443	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.65	******	7.36			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	123	168		******	4.5	6.1			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8465	******		******	306	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	358	481		******	12.9	17			Weekdays	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.25	1.25		******	47	47			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
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06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.32	.32			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	2	8			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.32	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.47	.97		******	.02	.03			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	79	87		******	2.82	2.95			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6112	******		******	219	******			Twice per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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ID0022853	001-A
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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	22.2	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2015	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.57	******	7.24			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	113	146		******	4	4.4			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8500	******		******	300	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	256	412		******	9.06	14.1			Four per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.24	1.24		******	44.2	44.2			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.34	.34			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.31	3.31			Monthly	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	6	3	50			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.37	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.45	.64		******	.02	.02			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	77.6	83.1		******	2.74	2.97			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6688	******		******	236	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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	******	******	******	******	23.2	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	734	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.39	******	7.24			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	124	155		******	4.4	5.4			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8513	******		******	301	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	179	247		******	6.34	8.63			Four per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Three per Month	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.08	1.11		******	37.5	38.6			Three per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Three per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.42	.78			Three per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.93	6.33			Three per Month	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	4	50			Four per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.37	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.42	.8		******	.01	.03			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	94	114		******	3.31	4.05			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6354	******		******	224	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83814
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	22.1	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1196	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.4	******	7.04			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	97	119		******	3.6	4.3			Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8038	******		******	296	******			Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	168	210		******	6.19	7.31			Four per Week	24 Hour Composite
00610 O 1 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 MO AVG	29 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 P 1 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 MO AVG	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 1 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 1 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.6 DAILY MX	lb/d	******	16 MO AVG	31.9 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.16	1.16		******	42.9	42.9			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.23	.23			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.37	4.37			Monthly	24 Hour Composite
01119 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3	13			Three per Week	Grab
01119 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)

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			
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	3	13			Three per Week	Grab
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	50 MO GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.23	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.37	.75		******	.01	.03			Three per Day	Grab
50060 O 1 See Comments	PERMIT REQUIREMENT	2 MO AVG	5.1 DAILY MX	lb/d	******	39 MO AVG	102 DAILY MX	mg/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	76	95		******	2.84	3.53			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6060	******		******	226	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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

Form Approved
OMB No. 2040-0004

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DMR Mailing ZIP CODE: 83814
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(SUBR 01)

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			
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83814
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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	20.8	******			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1702	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.35	******	7.16			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	91	101		******	3.4	3.8			Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	8287	******		******	306	******			Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	166	222		******	6.12	7.94			Weekdays	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.17	1.17		******	43.3	43.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.3	.3			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	******	4			Four per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.24	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.44	3.35		******	.02	.13			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	70	84		******	2.57	3.1			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6316	******		******	234	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81012 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Three per Week	24 Hour Composite

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

Form Approved
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17.8	******			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Three per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1794	******		******	******	******	******		Daily	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
pH	SAMPLE MEASUREMENT	******	******	******	6.08	******	7.8		1	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	89	113		******	3.4	4.4			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7885	******		******	297	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	163	233		******	6.2	9.5			Three per Week	24 Hour Composite
00610 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01079 O 2 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 P 2 See Comments	PERMIT REQUIREMENT	.06 MO AVG	.14 DAILY MX	lb/d	******	1.2 MO AVG	2.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.14	1.14		******	42.6	42.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.8 MO AVG	10 DAILY MX	lb/d	******	136.2 MO AVG	200.8 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	< .003		******	0	< .1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.29	.29			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	******	4			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 WKLY GEO	******	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.21	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	3.25		******	.02	.15			Three per Day	Grab
50060 O 2 See Comments	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	mg/L		Three per Day	Grab

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	53	67		******	2.01	2.5			Twice per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6814	******		******	257	******			Twice per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW <4.2 MGD"P" = EFFLUENT FLOW >4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	15.6	16.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.82	6.59	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.73	******	7.12				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	45.3	50				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	113	138		******	4.2	5.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	307	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.52	10.5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.54	7.54				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	20.7	20.7				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	414	474				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	133	133				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .05	< .05				
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.47	1.47		******	54.1	54.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite

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Spokane River
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.32	.32				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.08	4.08				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	315	367				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4.1	24.3				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.241	3.687		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.25	3.26		******	< 30	120				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	54.1	59.5		******	2.03	2.18				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	2002 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	264	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.2	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14	14.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	6.16	7.22	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.35				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	80.7	87				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	113	150		******	4.2	5.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	303	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	9.83	12.3				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	9.1	9.1				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	23.1	23.1				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	449	515				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	137	137				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1				
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.18	1.18		******	45.9	45.9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.319	.319				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.42	4.42				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	360	387				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5.3	19.1				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.243	4.137		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.08	.85		******	< 30	30				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	58	74.8		******	2.21	2.83				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	2002 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	254	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	14.3	14.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.71	6.42	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.83	******	7.26				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	81	104				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	133	141		******	4.8	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	312	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.27	13.3				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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

Form Approved
OMB No. 2040-0004

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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	9.62	9.62				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	23.2	23.2				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	12.5	13.7		******	.45	.5				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.64	******				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	135	135				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1				
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.17	1.17		******	44.8	44.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.306	.306				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.01	5.01				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	366	440				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	8.3	43.1				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.284	3.555		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.07	1.1		******	< 30	40				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	67.9	74.3		******	2.51	2.77				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	264	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	12420	12420				
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

R = See Permit Table 1, footnote 9 for sample timing; Part I.B.11 for details; submit congener analysis with results.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	14.9	15.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	6.26	6.73	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.81	******	7.18				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	77	89				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	125	145		******	4.4	5.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	316	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.56	9				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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

Form Approved
OMB No. 2040-0004

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LOCATION: 765 WEST HUBBARD AVENUE
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ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
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03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	10.9	10.9				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	21	21				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	11.3	12.6		******	.4	.46				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.95	******				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	133	133				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1				
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.53	1.53		******	56.5	56.5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.416	.416				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	7.67	7.67				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	288	319				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	9.8	123.6				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.402	4.048		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.04	1.14		******	< 30	40				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	71.1	75.3		******	2.55	2.78				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	249	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Quarterly Monitoring
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	.212	.212				
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .191	< .191				
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******						
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	222	222				
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	6	6				
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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		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)

Q= See Permit Table 1, footnote 8 for sample timing; S=See Permit Table 1, footnote 8 for sample timing; Part I.B.11 for details; submit congener analysis with results. T=See Permit Table 1, footnote 8 for sample timing; Part I.B.12 for details,

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	16.2	17.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.99	6.49	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.67	******	7.28				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	75	102				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	120	135		******	4.3	4.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	294	******			Weekdays	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.12	9.04				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	10.7	10.7				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	25.4	25.4				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	12.2	12.9		******	.44	.46				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.1	******				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	128	128				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1				
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.18	1.18		******	42.3	42.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.257	.257				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.65	5.65				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	357	386				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5.9	17.5				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.351	3.648		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
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COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.12	1.73		******	< 30	60				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	59	65.2		******	2.14	2.36				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	237	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	9790	9790				
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

R = See Permit Table 1, footnote 9 for sample timing; Part I.B.11 for details; submit congener analysis with results.

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: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	18.7	20				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.48	6.25	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.59	******	7.08				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	52	77			Four per Week	
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	108	151		******	4	5.5			Weekdays	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	314	******			Weekdays	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	3.79	4.65			Four per Week	
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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

Form Approved
OMB No. 2040-0004

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ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	5.1	5.1				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	25.4	25.4				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	13.4	14.2		******	.49	.52				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.41	******				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	133	133				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1				
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.29	1.29		******	48.8	48.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.39	.39				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.05	5.05				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	443	540			Weekly	
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	9	17.3				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.254	3.444		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.42	3.18		******	< 30	120				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	43.5	52.5		******	1.76	1.91			Three per Week	
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	255	******			Three per Week	
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.3	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	21.4	23	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.17	6.03	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.63	******	7.44	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	55	73	mg/L		Four per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	99	114	lb/d	******	3.5	4.1	mg/L		Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	321	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	3.15	3.86	mg/L		Four per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent WWTP	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.	Don Keil	(208)769-2347		08/20/2015
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)

Contract laboratory report was received after original June DMR submittal date thus requiring an update of some parameters. Added O&M update letter

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

Form Approved
OMB No. 2040-0004

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ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	4.8	6.1	mg/L		Twice per Month	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	27.3	27.9	mg/L		Twice per Month	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	16.4	18.5	lb/d	******	.59	.67	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.11	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	128	134	mg/L		Twice per Month	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Twice per Month	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent WWTP	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.	Don Keil	(208)769-2347		08/20/2015
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)

Contract laboratory report was received after original June DMR submittal date thus requiring an update of some parameters. Added O&M update letter

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.29	1.38	lb/d	******	46.2	49.5	ug/L		Twice per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Twice per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.292	.31	ug/L		Twice per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.22	4.24	ug/L		Twice per Month	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	462	517	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	7.7	22.6	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.381	4.428	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent WWTP	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.	Don Keil	(208)769-2347		08/20/2015
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)

Contract laboratory report was received after original June DMR submittal date thus requiring an update of some parameters. Added O&M update letter

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.82	lb/d	******	< 30	30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	42.1	46.9	lb/d	******	1.65	1.68	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	265	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.4	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent WWTP	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.	Don Keil	(208)769-2347		08/20/2015
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)

Contract laboratory report was received after original June DMR submittal date thus requiring an update of some parameters. Added O&M update letter

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	11048	11048	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent WWTP	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.	Don Keil	(208)769-2347		07/15/2015
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)

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated method blank for each of the 209 congeners (see excel spreadsheet attachment for exclusions). Influent TSS result on PCB sample = 347 mg/L

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Quarterly Monitoring
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .212	< .212	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .191	< .191	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	504	520	mg/L		Monthly	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	28	28	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Asistant Superintendent WWTP	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.	Don Keil	(208)769-2347		07/15/2015
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)

Effluent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated method blank and effluent sampler equipment blank for each of the 209 congeners (see excel spreadsheet attachment for exclusions). Influent TSS result on PCB sample = 347 mg/L

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	23.4	23.8	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.28	5.76	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.72	******	7.26	SU		Five per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	63	88	mg/L		Four per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	108	143	lb/d	******	3.7	4.9	mg/L		Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	309	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 0 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 AVERAGE	21 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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.	Don Keil	(208)769-2347		08/11/2015
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	107	178	lb/d	******	3.71	6.34	mg/L		Four per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 AVERAGE	29 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	4.75	4.75	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	28.7	28.7	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	16.5	20.2	lb/d	******	.57	.7	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.88	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	141	141	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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.	Don Keil	(208)769-2347		08/11/2015
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.94	1.94	lb/d	******	65.9	65.9	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.422	.422	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.34	5.34	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	435	570	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	10.3	67.6	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.472	3.578	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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.	Don Keil	(208)769-2347		08/11/2015
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	< .9	< .9	lb/d	******	< 30	< 30	ug/L		Three per Day	Grab
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	2.5 MO AVG	5.1 DAILY MX	lb/d	******	50 MO AVG	102 DAILY MX	ug/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	49.1	54.9	lb/d	******	1.7	1.88	mg/L		Twice per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	244	******	mg/L		Twice per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.3	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	24.3	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.03	5.61	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.74	******	7.17	SU		Five per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	55	70	mg/L		Five per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	112	124	lb/d	******	3.8	4.2	mg/L		Five per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	315	******	mg/L		Five per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 0 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 AVERAGE	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	96	123	lb/d	******	3.26	4.22	mg/L		Five per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 AVERAGE	29 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	4.33	4.33	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	29.1	29.1	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	14.2	17.1	lb/d	******	.48	.58	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.84	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	136	136	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.19	1.19	lb/d	******	40.5	40.5	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.259	.259	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.12	4.12	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	396	511	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	25.5	43.5	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.492	3.582	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.89	lb/d	******	< 30	30	ug/L		Three per Day	Grab
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	2.5 MO AVG	5.1 DAILY MX	lb/d	******	50 MO AVG	102 DAILY MX	ug/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	52.5	59.2	lb/d	******	1.79	2.03	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	248	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.3	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	9568	9568	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated method blank for each of the 209 congeners. Per NPDES permit Part I. B.11.g, Influent TSS split sample concentration was 271 mg/L on the same PCB sample.

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

Form Approved
OMB No. 2040-0004

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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-T1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	08/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Toxicity October thru June
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	2.2	toxic		Twice per Year	24 Hour Composite
TT000 W 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Twice per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A failure of the Ceriodaphnia dubia survival and reproduction tests across all concentrations including the control yielded no data on the initial WET test in May of 2015 and was re-run in June of 2015 with the Ceriodaphnia dubia reproduction test yielding 2.2 TUc as the most sensitive data. All other parameters yielded 1 TUc.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	22.5	23.8	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.02	5.73	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.57	******	7.15	SU		Five per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	54	82	mg/L		Four per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	84	101	lb/d	******	3	3.7	mg/L		Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	313	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 0 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 AVERAGE	21 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		.0/15/201
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	90	131	lb/d	******	3.24	4.29	mg/L		Four per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 AVERAGE	29 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	4.1	4.1	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	28.1	28.1	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	9	12.3	lb/d	******	.32	.44	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.88	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	141	141	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.05	1.05	lb/d	******	37.2	37.2	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.257	.257	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.16	4.16	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	219	244	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	7.2	11	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.315	3.653	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.98	lb/d	******	< 30	36	ug/L		Three per Day	Grab
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	2.5 MO AVG	5.1 DAILY MX	lb/d	******	50 MO AVG	102 DAILY MX	ug/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	81.9	101.8	lb/d	******	2.97	3.68	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	258	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Quarterly Monitoring
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .513	< .513	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .515	< .515	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	640	760	mg/L		Twice per Quarter	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	14	14	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		.0/15/201
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Effluent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated method blank and associated equipment blank for each of the 209 congeners. PCB/TCDD sample date was 7/8/2014 to 7/9/2015.Per NPDES permit Part I.B.11.g and Part I.B.12.b-Effluent TSS split sample concentration was 4.8 mg/L on the same PCB/2,3,7,8 TCDD sample.

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

Form Approved
OMB No. 2040-0004

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COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	21.3	22	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.58	5.98	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.77	******	7.13	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	59	81	mg/L		Five per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	82	100	lb/d	******	3	3.7	mg/L		Five per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	308	******	mg/L		Five per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	3.49	3.9	mg/L		Five per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

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Don Keil/ Assistant WW Superintendent	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.	Don Keil	(208)769-2347		.2/01/2015
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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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ID0022853	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	4.77	4.77	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	31.7	31.7	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.4	7.7	lb/d	******	.27	.28	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.06	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	147	147	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.12	.12	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant WW Superintendent	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.	Don Keil	(208)769-2347		.2/01/201
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.24	1.24	lb/d	******	47.7	47.7	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.291	.291	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.57	3.57	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	201	228	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3.6	12	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.286	3.78	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.05	.84	lb/d	******	< 30	30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	67.3	94.4	lb/d	******	2.5	3.56	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	238	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	25055	25055	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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.	Don Keil	(208)769-2347		.1/06/201
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)

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated method blank for each of the 209 congeners.Influent PCB sample date 9/1/2015 to 9/2/2015.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	18.4	20	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.7	6.21	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.78	******	7.28	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	64	88	mg/L		Three per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	95	136	lb/d	******	3.5	4.9	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	302	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	4.74	6.86	mg/L		Three per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

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)
Permit No.ID 0022853 Page 17 of 50., 6., a) & b) letter included

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	4.06	4.06	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	30	30	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	494	607	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	139	139	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.18	1.18	lb/d	******	45	45	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite

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)
Permit No.ID 0022853 Page 17 of 50., 6., a) & b) letter included

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.337	.337	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.47	4.47	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	415	415	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	7.3	25.6	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.27	3.529	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.82	lb/d	******	< 30	30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab

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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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Permit No.ID 0022853 Page 17 of 50., 6., a) & b) letter included

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: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
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ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	81	97.1	lb/d	******	2.95	3.46	mg/L		Weekly	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	2002 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	257	******	mg/L		Weekly	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		.2/18/201
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)
Permit No.ID 0022853 Page 17 of 50., 6., a) & b) letter included

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-T2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Toxicity Jul thru Sept
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	22.5	toxic	1	Three per Year	24 Hour Composite
TT000 W 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Twice per Year	24 Hour Composite

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)

Chronic Toxicity Units (TUc) for Algae Growth Inhibition Test 1003.0 in August of 2015 were calculated at 22.5 which is above the trigger limit of 14.5 TUc set in our permit. Our initial TRE investigation determined that the presence of algae or plant matter in our effluent sample interfered with the original test. No Chronic Toxicity was observed in a subsequent follow up test conducted on sample collected on 9/9/2015.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	15.8	16.7	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.56	6.52	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.87	******	7.52	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	82	105	mg/L		Four per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	135	185	lb/d	******	4.8	6.5	mg/L		Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	305	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.31	11.8	mg/L		Four per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		01/19/2016
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	6.69	6.69	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	27.7	27.7	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	603	768	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	131	131	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.22	1.22	lb/d	******	46.4	46.4	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.354	.354	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.52	5.52	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	512	711	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2.8	6.3	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.37	4.41	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.79	lb/d	******	< 30	30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	71.8	93.3	lb/d	******	2.62	3.32	mg/L		Twice per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	2002 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	246	******	mg/L		Twice per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	10787	10787	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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.	Don Keil	(208)769-2347		01/19/2016
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)

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank for each of the 209 congeners.Per NPDES permit Part I.B.11.g, Influent TSS split sample was 316 mg/L.PCB/TSS composite sample date 11/3/2015 to 11/4/2015.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Quarterly Monitoring
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .503	< .503	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .516	< .516	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	487	560	mg/L		Three per Quarter	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	29	29	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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.	Don Keil	(208)769-2347		01/19/2016
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)

Effluent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank and associated Effluent Equipment Blank for each of the 209 congeners.Per NPDES permit Part I.B.11.g & I.B.12.b, Influent TSS split sample was 316 mg/L and Effluent TSS split sample was 2.0 mg/L. PCB/TCDD composite sample date was 11/3/2015 to 11/4/2015.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	14.5	15	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.39	6.43	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.74	******	7.3	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	85	99	mg/L		Four per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	164	189	lb/d	******	5.8	6.6	mg/L		Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	293	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.99	9.51	mg/L		Four per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant WWTP Superintendent	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.	Don Keil	(208)769-2347		02/20/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
See attached 2015 CDA Surface Water Monitoring Report

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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COEUR D'ALENE, ID 83814
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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	10.2	10.2	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	29.7	29.7	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	784	945	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	132	132	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.6	1.6	lb/d	******	57.5	57.5	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.544	.544	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.7	4.7	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	599	783	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3.2	81.3	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.346	3.704	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.09	1.1	lb/d	******	< 30	40	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	82.8	87.7	lb/d	******	2.91	3.07	mg/L		Twice per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	2002 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	252	******	mg/L		Twice per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
See attached 2015 CDA Surface Water Monitoring Report

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	14.5	15	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.51	6.66	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.86	******	7.22	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	82	93	mg/L		Four per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	121	166	lb/d	******	4.4	6.1	mg/L		Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	327	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.96	11.8	mg/L		Four per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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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ID0022853	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	10.4	10.4	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	24.5	24.5	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	14.6	21.2	lb/d	******	.52	.78	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.19	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	129	129	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
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ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.43	1.43	lb/d	******	53.5	53.5	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.539	.539	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.85	5.85	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	422	583	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2.2	13.2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.332	3.572	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		03/14/2016
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.82	lb/d	******	< 30	30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	69	71.3	lb/d	******	2.51	2.6	mg/L		Twice per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	250	******	mg/L		Twice per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		03/14/2016
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	8720	8720	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Wastewater Superintendent	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.	Don Keil	(208)769-2347		03/14/2016
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank for each of the 209 congeners. Per NPDES permit Part I.B.11.g, Influent TSS split sample was 260 mg/L.PCB/TSS composite sample date: 1/5/2016 to 1/6/2016

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	14.9	15.5	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.79	6.43	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.89	******	7.26	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	80	102	mg/L		Weekdays	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	122	141	lb/d	******	4.3	4.9	mg/L		Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	300	******	mg/L		Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	9.29	11.2	mg/L		Weekdays	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		04/13/2016
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	13.5	13.5	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	22.3	22.3	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	11.8	15	lb/d	******	.42	.53	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.98	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	126	126	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		04/13/2016
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.43	1.43	lb/d	******	50.5	50.5	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.334	.334	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.04	5.04	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	306	394	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2.2	23.8	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.382	3.7	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
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FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.06	.92	lb/d	******	< 30	30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	77.7	92.1	lb/d	******	2.77	3.18	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	244	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		04/13/2016
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Quarterly Monitoring
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .502	< .502	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	528	785	mg/L		Three per Quarter	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	67	67	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		04/13/2016
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)

Effluent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank and associated Effluent Equipment Blank for each of the 209 congeners.Per NPDES permit Part I.B.11(g) & 12(b), Influent TSS split sample was 260 mg/L and Effluent TSS split sample was 4.0 mg/L.PCB/Dioxin composite sample date was 1/5/2016 to 1/6/2016.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	17	18.1	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.51	6.16	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.82	******	7.03	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	63	79	mg/L		Five per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	126	147	lb/d	******	4.5	5.2	mg/L		Five per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	327	******	mg/L		Five per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	5.87	7.04	mg/L		Five per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		05/20/2016
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	10.6	10.6	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	26.8	26.8	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	11.6	14.1	lb/d	******	.42	.5	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.16	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	130	130	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		05/20/2016
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.25	1.25	lb/d	******	44.6	44.6	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2.1	2.1	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.18	4.18	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	278	312	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2.4	13.2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.338	3.45	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.82	lb/d	******	< 30	30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	73.8	77.3	lb/d	******	2.67	2.81	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	266	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	10234	10234	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		05/20/2016
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)

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank for each of the 209 congeners. Per NPDES permit Part I.B.11.g, Influent TSS split sample was 376 mg/L. PCB/TSS composite sample date: 3/1/2016 to 3/2/2016.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	19.2	19.7	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.45	6.12	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.75	******	7.02	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	55	79	mg/L		Five per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	96	119	lb/d	******	3.4	4.3	mg/L		Five per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	315	******	mg/L		Five per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	3.96	4.27	mg/L		Five per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		06/20/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

See attached notice to EPA of Phosphorus Management Plan implementation pursuant to NPDES permit ID0022853 requirements.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	5.91	5.91	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	27.9	27.9	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	10.9	11.2	lb/d	******	.38	.4	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.97	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	129	129	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.1	.1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		06/20/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

See attached notice to EPA of Phosphorus Management Plan implementation pursuant to NPDES permit ID0022853 requirements.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.45	1.45	lb/d	******	51.9	51.9	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.34	.34	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.1	4.1	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	308	357	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5.6	14.8	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.368	3.652	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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

See attached notice to EPA of Phosphorus Management Plan implementation pursuant to NPDES permit ID0022853 requirements.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.05	.88	lb/d	******	< 30	30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	59.2	66.5	lb/d	******	2.11	2.33	mg/L		Twice per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	260	******	mg/L		Twice per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.2	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		06/20/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

See attached notice to EPA of Phosphorus Management Plan implementation pursuant to NPDES permit ID0022853 requirements.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	20.9	22.6	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.08	5.46	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.63	******	7.31	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	59	77	mg/L		Five per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	116	130	lb/d	******	4	4.6	mg/L		Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	320	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	4.05	4.48	mg/L		Four per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.34	1.34	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	27.5	27.5	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	22.1	34.8	lb/d	******	.77	1.25	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.9	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	132	132	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.46	1.46	lb/d	******	45.7	45.7	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.36	.36	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.98	3.98	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	556	812	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4.9	18.5	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.49	3.83	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.87	lb/d	******	< 30	30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	68.7	86.4	lb/d	******	2.38	3.08	mg/L		Twice per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	255	******	mg/L		Twice per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		07/14/2016
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	9418	9418	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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)

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank for each of the 209 congeners.Per NPDES Permit Part I.B.11.g, Influent TSS split sample was 346 mg/L.PCB/TSS composite sample date: 5/3/2016 to 5/4/2016.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Quarterly Monitoring
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .499	< .499	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	512	595	mg/L		Three per Quarter	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	18	18	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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)

Effluent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank and associated Effluent Equipment Blank for each of the 209 congeners.Per NPDES permit Part I.B.11(g) & 12(b), Influent TSS split sample was 346 mg/L and Effluent TSS split sample was 2.8 mg/L.PCB/Dioxin/TSS composite sample date was 5/3/2016 to 5/4/2016.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	22.3	23.2	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.79	5.48	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.24	SU		Five per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	59	89	mg/L		Four per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	99	120	lb/d	******	3.4	4	mg/L		Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	317	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 0 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 AVERAGE	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	149	270	lb/d	******	5.06	8.98	mg/L		Four per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 AVERAGE	29 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	6.04	6.04	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	30.1	30.1	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	13.4	15.4	lb/d	******	.45	.52	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.99	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	142	142	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		08/18/2016
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.12	1.12	lb/d	******	37.4	37.4	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.27	.27	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.71	3.71	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	369	453	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	9.1	14.6	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.51	3.7	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

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

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	< .88	< .88	lb/d	******	< 30	< 30	ug/L		Three per Day	Grab
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	2.5 MO AVG	5.1 DAILY MX	lb/d	******	50 MO AVG	102 DAILY MX	ug/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	69.2	93.5	lb/d	******	2.34	3.12	mg/L		Twice per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	251	******	mg/L		Twice per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	23.3	23.8	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.17	5.52	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.93	******	7.11	SU		Five per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	67	75	mg/L		Weekdays	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	102	132	lb/d	******	3.5	4.4	mg/L		Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	313	******	mg/L		Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 0 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 AVERAGE	21 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent WWTP	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.	Don Keil	(208)769-2347		09/09/2016
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

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

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	191	234	lb/d	******	6.53	7.78	mg/L		Weekdays	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 AVERAGE	29 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	6.96	6.96	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	27.6	27.6	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	14.6	17.6	lb/d	******	.5	.59	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.86	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	140	140	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent WWTP	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.	Don Keil	(208)769-2347		09/09/2016
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1	1	lb/d	******	34.3	34.3	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.4	.4	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.26	5.26	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	349	432	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	16.8	648.8	#/100mL	1	Seven per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.48	3.6	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent WWTP	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.	Don Keil	(208)769-2347		09/09/2016
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

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

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.85	lb/d	******	< 30	30	ug/L		Three per Day	Grab
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	2.5 MO AVG	5.1 DAILY MX	lb/d	******	50 MO AVG	102 DAILY MX	ug/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	69.1	84.8	lb/d	******	2.37	2.83	mg/L		Twice per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	251	******	mg/L		Twice per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	9528	9528	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent WWTP	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.	Don Keil	(208)769-2347		09/09/2016
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)

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank for each of the 209 congeners. Per NPDES Permit Part I.B.11.g, Influent TSS split sample was 285 mg/L. PCB/TSS composite sample date: 7/12/2016 to 7/13/2016.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-T1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	08/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Toxicity October thru June
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	9.9	toxic		Twice per Year	24 Hour Composite
TT000 W 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Twice per Year	24 Hour Composite

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)

The most sensitive species during this monitoring period was the Ceriodaphnia dubia reproduction study at 9.9 TUc.This completes the first 3 suites of testing required in our NPDES permit, Part I.E.2.b. The most sensitive species determined by the greatest toxicity result during the first 3 suites of testing was the green algae, Selenastrum capricornutum, EPA method 1003.0, at 22.5 TUc.Continued WET testing monitoring will utilize the green algae, Selenastrum capricornutum, EPA method 1003.0 as required in our NPDES permit.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	22.6	23.5	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.08	4.86	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.69	******	7.23	SU		Five per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	63	91	mg/L		Four per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	106	119	lb/d	******	3.8	4.2	mg/L		Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	319	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 0 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 AVERAGE	21 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		.0/17/201
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	180	242	lb/d	******	6.37	8.06	mg/L		Four per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 AVERAGE	29 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	6.52	6.52	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	28.7	28.7	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	12.3	14.8	lb/d	******	.43	.53	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.8	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	139	139	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		.0/17/201
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.78	.78	lb/d	******	27.4	27.4	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.23	.23	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.43	4.43	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	290	404	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2.9	7.4	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.37	3.7	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		.0/17/201
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	< .03	< .88	lb/d	******	< 30	< 30	ug/L		Three per Day	Grab
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	2.5 MO AVG	5.1 DAILY MX	lb/d	******	50 MO AVG	102 DAILY MX	ug/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	79.2	93.2	lb/d	******	2.83	3.29	mg/L		Twice per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	244	******	mg/L		Twice per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Quarterly Monitoring
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .504	< .504	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .502	< .502	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	458	473	mg/L		Twice per Quarter	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	563	563	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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

Effluent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank and associated Effluent Equipment Blank for each of the 209 congeners. PCB/Dioxin/TSS composite sample date was 7/12/2016 to 7/13/2016. Per NPDES permit Part I.B.11(g) & 12(b), Influent TSS split sample was 285 mg/L and Effluent TSS split sample was 2.5 mg/L.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	20.5	21.6	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.95	5.41	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.67	******	7.3	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	69	98	mg/L		Five per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	108	117	lb/d	******	3.6	3.9	mg/L		Five per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	305	******	mg/L		Five per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	5.66	6.31	mg/L		Five per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

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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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	6.02	6.02	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	29.8	29.8	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	14	15.7	lb/d	******	.47	.57	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.83	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	144	144	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.78	.78	lb/d	******	28.2	28.2	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.299	.299	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.21	4.21	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	309	387	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2.1	10.8	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.506	4.3	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
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ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	< .83	< .83	lb/d	******	< 30	< 30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	61.3	68.8	lb/d	******	2.1	2.36	mg/L		Weekly	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	256	******	mg/L		Weekly	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.2	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		.1/17/201
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	8723	8723	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		.1/17/201
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)

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank for each of the 209 congeners. Per NPDES Permit Part I.B.11.g, Influent TSS split sample was 330 mg/L. PCB/TSS composite sample date: 9/6/2016 to 9/7/2016.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	18.5	19.4	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.3	5.49	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.73	******	7.62	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	78	125	mg/L		Three per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	66	116	lb/d	******	2.3	3.8	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	313	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	5.46	10.3	mg/L		Three per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Donald Keil/ Asistant Superintendent	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.	Don Keil	(208)769-2347		.2/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

See attached 2016 Annual TMP report as required per section II.I.2 of NPDES Permit ID0022853.See attached 2016 Annual Phosphorus Management Plan Report as required per section II.B.6 of NPDES Permit ID0022853.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.66	7.66	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	24.3	24.3	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	481	499	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	125	125	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.17	.17	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.74	.74	lb/d	******	26	26	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Donald Keil/ Asistant Superintendent	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.	Don Keil	(208)769-2347		.2/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

See attached 2016 Annual TMP report as required per section II.I.2 of NPDES Permit ID0022853.See attached 2016 Annual Phosphorus Management Plan Report as required per section II.B.6 of NPDES Permit ID0022853.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.231	.231	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2.71	2.71	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	438	713	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2.9	14.6	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.36	3.9	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	******	< 30	< 30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Donald Keil/ Asistant Superintendent	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.	Don Keil	(208)769-2347		.2/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

See attached 2016 Annual TMP report as required per section II.I.2 of NPDES Permit ID0022853.See attached 2016 Annual Phosphorus Management Plan Report as required per section II.B.6 of NPDES Permit ID0022853.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	49.9	66	lb/d	******	1.81	2.43	mg/L		Weekly	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	2002 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	262	******	mg/L		Weekly	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.3	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

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

See attached 2016 Annual TMP report as required per section II.I.2 of NPDES Permit ID0022853.See attached 2016 Annual Phosphorus Management Plan Report as required per section II.B.6 of NPDES Permit ID0022853.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-T2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Toxicity Jul thru Sept
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	1	toxic		Twice per Year	24 Hour Composite
TT000 W 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Twice per Year	24 Hour Composite

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)

WET testing was conducted using the green alga, Selenastrum capricornutum as required per NPDES permit section I.E.2.b. Attached is the full biomonitoring report and split sample results as required in section I.E.1.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	15.5	17.2	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.73	6.17	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.76	******	7.34	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	103	149	mg/L		Four per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	973	2445	lb/d	******	34.1	87.9	mg/L	3	Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	317	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.98	14.4	mg/L		Four per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		01/20/201
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)

3 excursions for TSS parameters: 1 for Monthly Average Concentration at 34.1 mg/L, 1 for Weekly Average Concentration at 87.9 mg/L, and 1 for Weekly Average for loading at 2,445 lbs/day weekly average.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	9.25	9.25	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	23.5	23.5	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1497	2436	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	156	156	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.63	.63	lb/d	******	22.9	22.9	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		01/20/201
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)

3 excursions for TSS parameters: 1 for Monthly Average Concentration at 34.1 mg/L, 1 for Weekly Average Concentration at 87.9 mg/L, and 1 for Weekly Average for loading at 2,445 lbs/day weekly average.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.377	.377	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	1.79	1.79	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	991	1861	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	14.6	260.3	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.429	3.8	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.85	lb/d	******	.97	30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		01/20/201
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)

3 excursions for TSS parameters: 1 for Monthly Average Concentration at 34.1 mg/L, 1 for Weekly Average Concentration at 87.9 mg/L, and 1 for Weekly Average for loading at 2,445 lbs/day weekly average.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	92.1	202	lb/d	******	3.23	7.05	mg/L		Twice per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	2002 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	290	******	mg/L		Twice per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	89.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		01/20/201
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)

3 excursions for TSS parameters: 1 for Monthly Average Concentration at 34.1 mg/L, 1 for Weekly Average Concentration at 87.9 mg/L, and 1 for Weekly Average for loading at 2,445 lbs/day weekly average.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	8965	8965	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		01/19/2017
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)

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank for each of the 209 congeners.Per NPDES Permit Part I.B.11.g, Influent TSS split sample was 383 mg/L.PCB/TSS composite sample date: 11/1/2016 to 11/2/2016.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Quarterly Monitoring
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .51	< .51	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .511	< .511	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	447	482	mg/L		Three per Quarter	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	111	111	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		01/19/2017
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)

Effluent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank and associated Effluent Equipment Blank for each of the 209 congeners. PCB/Dioxin/TSS composite sample date was 11/1/2016 to 11/2/2016.Per NPDES permit Part I.B.11(g) & 12(b), Influent TSS split sample was 383 mg/L and Effluent TSS split sample was 3.8 mg/L.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	13.7	14.2	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.01	6.15	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.76	******	7.16	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	79	105	mg/L		Four per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	116	166	lb/d	******	4.1	6	mg/L		Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	308	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.66	13.8	mg/L		Four per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		02/17/2017
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)

Attached is the 2016 City of Coeur d'Alene Surface Water Monitoring Report required to be annually submitted by February 20th per NPDES Permit Part I.F.8.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	10.2	10.2	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	24.9	24.9	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1542	2022	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	161	161	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.97	.97	lb/d	******	36.5	36.5	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		02/17/2017
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)

Attached is the 2016 City of Coeur d'Alene Surface Water Monitoring Report required to be annually submitted by February 20th per NPDES Permit Part I.F.8.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.298	.298	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.67	3.67	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	1454	2069	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	10.7	73.8	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.329	3.6	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	******	< 30	< 30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab

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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Attached is the 2016 City of Coeur d'Alene Surface Water Monitoring Report required to be annually submitted by February 20th per NPDES Permit Part I.F.8.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	59.3	67.7	lb/d	******	2.13	2.34	mg/L		Twice per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	2002 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	261	******	mg/L		Twice per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.2	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

Attached is the 2016 City of Coeur d'Alene Surface Water Monitoring Report required to be annually submitted by February 20th per NPDES Permit Part I.F.8.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	12.8	13.3	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.12	5.94	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.63	******	7.13	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	65	82	mg/L		Four per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	147	198	lb/d	******	4.7	6.6	mg/L		Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	300	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.06	11.3	mg/L		Three per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

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)
E-coli excursion - See attached corrective response letter to EPA.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.73	7.73	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	26	26	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	23.4	27.4	lb/d	******	.73	.93	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.41	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	149	149	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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)

E-coli excursion - See attached corrective response letter to EPA.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.08	1.08	lb/d	******	40.5	40.5	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.439	.439	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2.77	2.77	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	640	859	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5.8	410.6	#/100mL	1	Six per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.661	5.2	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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E-coli excursion - See attached corrective response letter to EPA.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	******	< 30	< 30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	78.9	102.9	lb/d	******	2.53	3.45	mg/L		Twice per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	242	******	mg/L		Twice per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)
E-coli excursion - See attached corrective response letter to EPA.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	6324	6324	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		03/15/2017
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)

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank for each of the 209 congeners. Per NPDES Permit Part I.B.11.g, Influent TSS split sample was 324 mg/L.PCB/TSS composite sample date: 1/10/2017 to 1/11/2017.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	13.5	14.2	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.26	6.04	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.59	******	6.95	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	56	66	mg/L		Weekdays	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	112	153	lb/d	******	3.8	5.3	mg/L		Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	313	******	mg/L		Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.22	8.7	mg/L		Weekdays	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		)4/13/201
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	9.34	9.34	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	29.4	29.4	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17.4	21.2	lb/d	******	.59	.76	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.55	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	126	126	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		04/13/201
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.13	1.13	lb/d	******	40	40	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.34	.34	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.68	4.68	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	459	615	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1.8	5.2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.574	4.1	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		)4/13/201
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	******	< 30	< 30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	67.6	71.4	lb/d	******	2.27	2.46	mg/L		Twice per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	261	******	mg/L		Twice per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		04/13/2017
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Quarterly Monitoring
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .51	< .51	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .509	< .509	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	442	467	mg/L		Three per Quarter	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	17	17	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		04/13/2017
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)

Effluent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank and associated Effluent Equipment Blank for each of the 209 congeners. PCB/Dioxin composite sample date was 1/10/2017 to 1/11/2017. Per NPDES permit Part I.B.11(g) & 12(b), Influent TSS split sample was 324 mg/L and Effluent TSS split sample was 6.0 mg/L.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	15.3	16	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.8	5.74	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.52	******	6.9	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	54	71	mg/L		Five per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	93.4	100	lb/d	******	3.2	3.5	mg/L		Five per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	325	******	mg/L		Five per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	4.85	6.38	mg/L		Five per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		05/17/2017
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	6.75	6.75	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	29.2	29.2	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	19.7	22.7	lb/d	******	.69	.8	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.26	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	131	131	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		05/17/2017
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.34	1.34	lb/d	******	47.3	47.3	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.42	.42	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.2	4.2	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	587	684	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2.2	3.1	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.447	3.8	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	******	< 30	< 30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	52.7	59.6	lb/d	******	1.82	2.08	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	261	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.3	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	6114	6114	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank for each of the 209 congeners.Per NPDES Permit Part I.B.11.g, Influent TSS split sample was 294 mg/L.PCB sample date 3/7/2017 to 3/8/2017.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	17.5	19.3	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.12	5.69	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.36	******	6.92	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	54	74	mg/L		Five per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	86.8	94	lb/d	******	3	3.3	mg/L		Five per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	314	******	mg/L		Five per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	4.75	5.83	mg/L		Five per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	4.89	4.89	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	29.9	29.9	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	14.4	16.3	lb/d	******	.5	.56	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.87	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	138	138	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.08	1.08	lb/d	******	39.4	39.4	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.29	.29	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.45	3.45	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	422	474	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5.1	157.6	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.432	3.6	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.88	lb/d	******	< 30	30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	42.3	56.7	lb/d	******	1.49	2	mg/L		Weekly	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	253	******	mg/L		Weekly	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.4	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		06/16/2017
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	20.2	21.3	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.15	5.48	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.42	******	7.29	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	67	93	mg/L		Four per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	157	242	lb/d	******	5.4	8.1	mg/L		Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	317	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	5.79	8.03	mg/L		Four per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

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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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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

Form Approved
OMB No. 2040-0004

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ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	4.96	4.96	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	35.6	35.6	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	18.1	25.7	lb/d	******	.62	.87	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.77	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	137	137	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.91	.91	lb/d	******	33.1	33.1	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.3	.3	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.01	3.01	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	547	684	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	6.5	201.4	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.46	3.7	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.13	3.9	lb/d	******	< 30	< 30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	47.2	67.2	lb/d	******	1.63	2.27	mg/L		Twice per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	248	******	mg/L		Twice per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.3	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Don Keil/ Assistant Superintendent	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.	Don Keil	(208)769-2347		07/28/2017
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	7591	7591	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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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)

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank for each of the 209 congeners.Per NPDES Permit Part I.B.11.g, Influent TSS split sample was 330 mg/L.PCB/TSS composite sample date: 5/2/2017 to 5/3/2017.

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

Form Approved
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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Quarterly Monitoring
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .858	< .858	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .507	< .507	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	463	463	mg/L		Quarterly	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	.9	.9	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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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)

Effluent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank and associated Effluent Equipment Blank for each of the 209 congeners. PCB/Dioxin/TSS composite sample date was 5/2/2017 to 5/3/2017. Per NPDES permit Part I.B.11(g) & 12(b), Influent TSS split sample was 330 mg/L and Effluent TSS split sample was 3.5 mg/L.

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

Form Approved
OMB No. 2040-0004

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ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	22.6	23.5	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.11	5.62	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.65	******	7.12	SU		Five per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	75	100	mg/L		Four per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	126	145	lb/d	******	4.3	5	mg/L		Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	300	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 0 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 AVERAGE	21 DAILY MX	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ WWTP Sperintendent	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.	Michael Anderson	(208)769-2277		08/17/2017
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	183	264	lb/d	******	6.27	9.03	mg/L		Four per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 AVERAGE	29 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.45	8.45	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	27.6	27.6	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	19.7	22	lb/d	******	.68	.75	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.04	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	147	147	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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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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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
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ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
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07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83814
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(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.78	.78	lb/d	******	26.8	26.8	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.19	.19	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	1.83	1.83	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	489	641	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	25.1	59.4	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.48	3.7	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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

Form Approved
OMB No. 2040-0004

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07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83814
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Spokane River
External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	******	< 30	< 30	ug/L		Three per Day	Grab
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	2.5 MO AVG	5.1 DAILY MX	lb/d	******	50 MO AVG	102 DAILY MX	ug/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	53.5	59.4	lb/d	******	1.82	2.04	mg/L		Twice per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	235	******	mg/L		Twice per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.2	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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ID0022853	001-A
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	23.9	24.3	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.25	5.58	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.71	******	7.01	SU		Five per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	66	94	mg/L		Weekdays	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	90.2	112.8	lb/d	******	3.1	3.8	mg/L		Five per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	308	******	mg/L		Five per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 0 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 AVERAGE	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	198	266	lb/d	******	6.81	9.1	mg/L		Five per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 AVERAGE	29 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.29	8.29	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	26.1	26.1	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	13.9	21.8	lb/d	******	.48	.73	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.17	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	137	137	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.1	1.1	lb/d	******	36.6	36.6	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.22	.22	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.23	3.23	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	368	556	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	6.2	19.3	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.45	3.6	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		09/20/2017
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	******	< 30	< 30	ug/L		Three per Day	Grab
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	2.5 MO AVG	5.1 DAILY MX	lb/d	******	50 MO AVG	102 DAILY MX	ug/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	43.6	46.8	lb/d	******	1.5	1.65	mg/L		Twice per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	222	******	mg/L		Twice per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.3	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		09/20/2017
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	8274	8274	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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)

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank for each of the 209 congeners.Per NPDES Permit Part I.B.11.g, Influent TSS split sample was 272 mg/L.PCB/TSS composite sample date: 7/18/2017 to 7/19/2017.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-T1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	08/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Toxicity October thru June
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	1	toxic		Twice per Year	24 Hour Composite
TT000 W 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Twice per Year	24 Hour Composite

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)

WET testing was conducted using the green alga, Selenastrum capricornutum as required per NPDES permit section I.E.2.b. Attached is the full biomonitoring report and split sample results as required in section I.E.1.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	23.1	24	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.76	5.54	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.52	******	7.29	SU		Five per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	78	162	mg/L		Four per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	136	176	lb/d	******	4.8	6.3	mg/L		Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	309	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 O 0 See Comments	PERMIT REQUIREMENT	370 MO AVG	1100 DAILY MX	lb/d	******	7.4 AVERAGE	21 DAILY MX	mg/L		Weekly	24 Hour Composite

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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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	190	265	lb/d	******	6.7	9.33	mg/L		Four per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	350 MO AVG	1000 DAILY MX	lb/d	******	10 AVERAGE	29 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.52	7.52	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	30	30	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	15.6	21.7	lb/d	******	.55	.74	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.07	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	140	140	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.14	1.14	lb/d	******	40.1	40.1	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.23	.23	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.65	3.65	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	337	626	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	6.8	19.9	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.3	3.7	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	******	< 30	< 30	ug/L		Three per Day	Grab
50060 1 1 Effluent Gross	PERMIT REQUIREMENT	2.5 MO AVG	5.1 DAILY MX	lb/d	******	50 MO AVG	102 DAILY MX	ug/L		Three per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	64.7	80.7	lb/d	******	2.31	2.92	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	215	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		.0/06/201
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Quarterly Monitoring
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .51	< .51	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .509	< .509	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	479	502	mg/L		Three per Quarter	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	3.3	3.3	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		.0/06/201
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)

Effluent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank and associated Effluent Equipment Blank for each of the 209 congeners. PCB/Dioxin/TSS composite sample date was 7/18/2017 to 7/19/2017. Per NPDES permit Part I.B.11(g) & 12(b), Influent TSS split sample was 272 mg/L and Effluent TSS split sample was 2.5 mg/L.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	20.5	21.7	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.25	5.36	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.86	******	7.19	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	106	132	mg/L		Weekdays	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	143	155	lb/d	******	5.2	5.5	mg/L		Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	308	******	mg/L		Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	17.1	19.8	mg/L		Weekdays	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		.1/09/201
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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	13.3	13.3	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	19.4	19.4	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	12.7	14.2	lb/d	******	.46	.51	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.13	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	129	129	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.89	.89	lb/d	******	33.3	33.3	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.21	.21	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.39	4.39	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	369	576	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3.6	142.1	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.3	3.8	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	******	< 30	< 30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	67.9	75.6	lb/d	******	2.48	2.74	mg/L		Twice per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	235	******	mg/L		Twice per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	7521	7521	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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)

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank for each of the 209 congeners.Per NPDES Permit Part I.B.11.g, Influent TSS split sample was 323 mg/L.PCB/TSS composite sample date: 9/5/2017 to 9/6/2017.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	17.8	19.2	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.92	4.93	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.95	******	7.45	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	164	211	mg/L		Three per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	387	511	lb/d	******	13.4	16.4	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	307	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	24.5	31.3	mg/L		Three per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		.2/20/201
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)

CBOD, TSS, Ammonia, Alkalinity, and Total Chlorine residual have been analyzed more frequently than required.On 12/20/17, TMP & PMP Annual Reports were added to the November 2017 eDMR submission.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	20.1	20.1	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	14.4	14.4	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3398	4939	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	128	128	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.19	1.19	lb/d	******	43.2	43.2	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		.2/20/201
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)

CBOD, TSS, Ammonia, Alkalinity, and Total Chlorine residual have been analyzed more frequently than required.On 12/20/17, TMP & PMP Annual Reports were added to the November 2017 eDMR submission.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.244	.244	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	6.06	6.06	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	3804	4903	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3.5	13.1	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.4	3.8	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	******	< 30	< 30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab

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)

CBOD, TSS, Ammonia, Alkalinity, and Total Chlorine residual have been analyzed more frequently than required.On 12/20/17, TMP & PMP Annual Reports were added to the November 2017 eDMR submission.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	163	245	lb/d	******	5.69	7.8	mg/L		Weekly	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	2002 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	233	******	mg/L		Weekly	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97.6	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		.2/20/201
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)

CBOD, TSS, Ammonia, Alkalinity, and Total Chlorine residual have been analyzed more frequently than required.On 12/20/17, TMP & PMP Annual Reports were added to the November 2017 eDMR submission.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-T2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Toxicity Jul thru Sept
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	1	toxic		Twice per Year	24 Hour Composite
TT000 W 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Twice per Year	24 Hour Composite

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)

WET testing was conducted using the green alga, Selenastrum capricornutum as required per NPDES permit section I.E.2.b. Attached is the full biomonitoring report and split sample lab results as required in section I.E.1.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	15.5	16.8	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.95	5.95	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.51	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	174	200	mg/L		Four per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	203	269	lb/d	******	7.3	9.9	mg/L		Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	313	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	26.4	32.1	mg/L		Four per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

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)

CBOD, TSS, Ammonia, Alkalinity, Orthophosphate, and Total Chlorine Residual have been analyzed more frequently than required.

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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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
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COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	27.1	27.1	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	10.9	10.9	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2305	3943	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	134	134	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.52	1.52	lb/d	******	55.3	55.3	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.41	.41	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	10.3	10.3	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	2371	4006	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1.4	5.2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.4	4.1	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	******	< 30	< 30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		01/12/2018
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)

CBOD, TSS, Ammonia, Alkalinity, Orthophosphate, and Total Chlorine Residual have been analyzed more frequently than required.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	119	154	lb/d	******	4.34	5.67	mg/L		Weekly	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	2002 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	286	******	mg/L		Weekly	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		01/12/2018
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)

CBOD, TSS, Ammonia, Alkalinity, Orthophosphate, and Total Chlorine Residual have been analyzed more frequently than required.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	5883	5883	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		01/12/2018
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)

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank for each of the 209 congeners. Per NPDES Permit Part I.B.11.g, Influent TSS split sample was 240 mg/L.PCB/TSS composite sample date: 11/7/2017 to 11/8/2017.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Quarterly Monitoring
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .505	< .505	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .506	< .506	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	1.7	1.7	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	398	465	mg/L		Monthly	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	44	44	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		01/12/2018
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)

Effluent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank and associated Effluent Equipment Blank for each of the 209 congeners. PCB/Dioxin/TSS composite sample date was 11/7/2017 to 11/8/2017. Per NPDES permit Part I.B.11(g) & 12(b), Influent TSS split sample was 240 mg/L and Effluent TSS split sample was 7.5 mg/L.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	14.1	14.5	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.18	6.09	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.25	******	7.5	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	187	215	mg/L		Four per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	116	162	lb/d	******	4	5.8	mg/L		Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	299	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	26.9	33.4	mg/L		Four per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		02/15/2018
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)

CBOD, TSS, Ammonia, Alkalinity, Total Phosphorus, Orthophosphate, and Total Chlorine Residual have been analyzed more frequently than required.2017 Surface Water Monitoring Report attached Per NPDES Permit ID0022853 Section I.F.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	41.8	41.8	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	5.54	5.54	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	713	874	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	127	127	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.25	1.25	lb/d	******	38.5	38.5	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		02/15/2018
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)

CBOD, TSS, Ammonia, Alkalinity, Total Phosphorus, Orthophosphate, and Total Chlorine Residual have been analyzed more frequently than required.2017 Surface Water Monitoring Report attached Per NPDES Permit ID0022853 Section I.F.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.235	.235	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.86	3.86	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	724	836	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2.9	7.5	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.5	3.9	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	******	< 30	< 30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		02/15/2018
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)

CBOD, TSS, Ammonia, Alkalinity, Total Phosphorus, Orthophosphate, and Total Chlorine Residual have been analyzed more frequently than required.2017 Surface Water Monitoring Report attached Per NPDES Permit ID0022853 Section I.F.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	82.8	152	lb/d	******	2.9	5.5	mg/L		Twice per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	2002 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	267	******	mg/L		Twice per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		02/15/2018
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)

CBOD, TSS, Ammonia, Alkalinity, Total Phosphorus, Orthophosphate, and Total Chlorine Residual have been analyzed more frequently than required.2017 Surface Water Monitoring Report attached Per NPDES Permit ID0022853 Section I.F.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	13.6	14.3	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.63	6.05	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.03	******	7.41	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	164	188	mg/L		Four per Week	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	76.3	82.6	lb/d	******	2.7	3	mg/L		Four per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	299	******	mg/L		Four per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	24.1	27.2	mg/L		Four per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		03/14/2018
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)

TKN and Nitrite + Nitrate sample temperature was logged on the chain of custody at 7.6 ?C upon arrival at the outside contract laboratory. Prior to shipping the sample was refrigerated for approximately 7 hours and cooled to approximately 2.0 ?C and then packed in a cooler with blue ice and shipped overnight via UPS to the contract lab. Sample was collected on February 7th and received by contract lab February 8th but sample results were not received electronically until February 28th at which time resampling a 24 hour composite sample for February was not

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	26.1	26.1	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	9.04	9.04	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	16.1	18.1	lb/d	******	.58	.66	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.47	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	131	131	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		03/14/2018
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)

TKN and Nitrite + Nitrate sample temperature was logged on the chain of custody at 7.6 ?C upon arrival at the outside contract laboratory. Prior to shipping the sample was refrigerated for approximately 7 hours and cooled to approximately 2.0 ?C and then packed in a cooler with blue ice and shipped overnight via UPS to the contract lab. Sample was collected on February 7th and received by contract lab February 8th but sample results were not received electronically until February 28th at which time resampling a 24 hour composite sample for February was not

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.3	1.3	lb/d	******	47.4	47.4	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.26	.26	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.65	3.65	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	570	607	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	22.2	107.1	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.4	3.7	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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)

TKN and Nitrite + Nitrate sample temperature was logged on the chain of custody at 7.6 ?C upon arrival at the outside contract laboratory. Prior to shipping the sample was refrigerated for approximately 7 hours and cooled to approximately 2.0 ?C and then packed in a cooler with blue ice and shipped overnight via UPS to the contract lab. Sample was collected on February 7th and received by contract lab February 8th but sample results were not received electronically until February 28th at which time resampling a 24 hour composite sample for February was not

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	0	.9	lb/d	******	< 30	30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	59.8	74	lb/d	******	2.15	2.66	mg/L		Twice per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	265	******	mg/L		Twice per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.2	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

TKN and Nitrite + Nitrate sample temperature was logged on the chain of custody at 7.6 ?C upon arrival at the outside contract laboratory. Prior to shipping the sample was refrigerated for approximately 7 hours and cooled to approximately 2.0 ?C and then packed in a cooler with blue ice and shipped overnight via UPS to the contract lab. Sample was collected on February 7th and received by contract lab February 8th but sample results were not received electronically until February 28th at which time resampling a 24 hour composite sample for February was not

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	5578	5578	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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)

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank for each of the 209 congeners. Per NPDES Permit Part I.B.11.g, Influent TSS split sample was 274 mg/L.PCB/TSS composite sample date: 1/9/2018 to 1/10/2018.

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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COEUR D'ALENE, ID 83814
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PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	13.8	14.4	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.26	6.22	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.18	******	7.45	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	177	194	mg/L		Weekdays	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	120	142	lb/d	******	4.3	5.1	mg/L		Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	310	******	mg/L		Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	24.4	25.2	mg/L		Weekdays	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		04/17/2018
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)

CBOD, TSS, Ammonia, Alkalinity, Orthophosphate, and Total Chlorine Residual have been analyzed more frequently than required.

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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COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	28.4	28.4	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.32	8.32	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17.4	22.1	lb/d	******	.62	.79	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.48	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	128	128	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		04/17/2018
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)

CBOD, TSS, Ammonia, Alkalinity, Orthophosphate, and Total Chlorine Residual have been analyzed more frequently than required.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.18	1.18	lb/d	******	44.2	44.2	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.23	.23	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.28	3.28	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	555	732	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1.4	3.1	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.3	3.5	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		04/17/2018
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)

CBOD, TSS, Ammonia, Alkalinity, Orthophosphate, and Total Chlorine Residual have been analyzed more frequently than required.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	******	< 30	< 30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	68.4	78.2	lb/d	******	2.48	2.86	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	286	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		04/17/2018
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)

CBOD, TSS, Ammonia, Alkalinity, Orthophosphate, and Total Chlorine Residual have been analyzed more frequently than required.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Quarterly Monitoring
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .504	< .504	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .702	< .702	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	341	359	mg/L		Three per Quarter	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	12	12	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		04/17/2018
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)

Effluent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank and associated Effluent Equipment Blank for each of the 209 congeners. PCB/Dioxin composite sample date was 1/9/2018 to 1/10/2018. Per NPDES permit Part I.B.11(g) & 12(b), Influent TSS split sample was 274 mg/L and Effluent TSS split sample was 4.3 mg/L.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******	15.1	16.4	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.77	5.74	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.27	******	7.44	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	191	220	mg/L		Weekdays	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	139	164	lb/d	******	5	5.8	mg/L		Weekdays	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	312	******	mg/L		Weekdays	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	26	27.7	mg/L		Weekdays	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		05/10/2018
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)

CBOD, TSS, Ammonia, Alkalinity, Orthophosphate, and Total Chlorine Residual have been analyzed more frequently than required.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	31.7	31.7	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	5.81	5.81	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	14.2	17.7	lb/d	******	.51	.63	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.78	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	135	135	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		05/10/2018
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)

CBOD, TSS, Ammonia, Alkalinity, Orthophosphate, and Total Chlorine Residual have been analyzed more frequently than required.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.02	1.02	lb/d	******	37	37	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.22	.22	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.33	4.33	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	356	469	ug/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4.3	28.1	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.3	3.7	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		05/10/2018
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)

CBOD, TSS, Ammonia, Alkalinity, Orthophosphate, and Total Chlorine Residual have been analyzed more frequently than required.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	******	< 30	< 30	ug/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	90.6	100.5	lb/d	******	3.28	3.72	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	275	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		05/10/2018
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)

CBOD, TSS, Ammonia, Alkalinity, Orthophosphate, and Total Chlorine Residual have been analyzed more frequently than required.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River Bi-monthly
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	7356	7356	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Anderson/ Wastewater Superintendent	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.	Michael Anderson	(208)769-2277		05/10/2018
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)

Influent PCB data has been corrected to exclude values that are less than 10 times the concentration in the associated Laboratory Method Blank for each of the 209 congeners. Per NPDES Permit Part I.B.11.g, Influent TSS split sample was 263 mg/L.PCB/TSS composite sample date: 3/6/2018 to 3/7/2018.

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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	******	******	******	******						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******			******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******						
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1501 MO AVG	2252 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******		******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	50 MO AVG	80 WKLY AVG	lb/d	******	1 MO AVG	1.6 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******		******				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******						
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT				******						
01079 O 0 See Comments	PERMIT REQUIREMENT	.401 MO AV MN	1.13 DAILY MX	lb/d	******	8.01 MO AVG	22.5 DAILY MX	ug/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

ID0022853	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	6.76 MO AVG	8.42 DAILY MX	lb/d	******	135 MO AVG	168 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******						
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******						
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: COEUR D ALENE, CITY OF
ADDRESS: 710 MULLAN AVENUE
COEUR D'ALENE, ID 83814
FACILITY: COEUR D'ALENE, CITY OF - COEUR D'ALENE WWTP
LOCATION: 765 WEST HUBBARD AVENUE
COEUR D'ALENE, ID 83814
ATTN: H. SID FREDRICKSON, WWTP SUPT

PERMIT NUMBER	DISCHARGE NUMBER
ID0022853	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83814
MAJOR $
(SUBR 01)
Spokane River
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			
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5 MO AVG	20 DAILY MX	lb/d	******	150 MO AVG	390 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT				******						
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 AVERAGE	2000 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******		******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"O" = EFFLUENT FLOW >4.2 MGD; "P" = EFFLUENT FLOW LTE 4.2 MGD

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/1999	12/31/1999

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	117	145		******	8	9.5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	206	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	55	67		******	3.6	4.5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	226	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/1999	12/31/1999

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******			******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Twice per Day	Grab

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/1999	12/31/1999

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.3	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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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POST FALLS, ID 83854
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POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2000	01/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	146	164		******	10	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	191	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	71	95		******	5	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	232	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2000	01/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******			******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Twice per Day	Grab

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2000	01/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94.9	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2000	02/29/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	192	213		******	12	14			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	183	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	115	162		******	7.4	10			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	231	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2000	02/29/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******			******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Twice per Day	Grab

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TYPED OR PRINTED					

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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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2000	02/29/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.2	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.8	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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			
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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2000	03/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	198	248		******	13	16				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	198	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	101	143.8		******	7	9			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	219	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2000	03/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******			******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Twice per Day	Grab

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
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2000	03/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.5	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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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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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2000	04/30/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	161	189		******	10	12			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	209	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	90	108		******	6	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	196	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2000	04/30/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******			******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Twice per Day	Grab

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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2000	04/30/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.9	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94.1	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

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05/01/2000	05/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	154	168		******	10	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	205	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	143	168		******	9	11			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	207	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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ID0025852	001-A
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05/01/2000	05/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******			******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******							
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Twice per Day	Grab

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
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TYPED OR PRINTED					

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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2000	05/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.9	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93.9	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2000	06/30/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	122	144		******	8	9			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	198	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	50	63		******	3	4			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	209	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2000	06/30/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******			******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******							
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Twice per Day	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2000	06/30/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.5	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2000	07/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	93	132		******	6	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	186	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	49	65		******	3	4			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	189	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2000	07/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******			******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT				******						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******							
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2000	07/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.9	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.4	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2000	08/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	91	126		******	5	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	183	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	42	93		******	3	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	192	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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
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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: CITY HALL, 408 SPOKANE STREET
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08/01/2000	08/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******			******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT				******						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******							
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2000	08/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.1	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2000	09/30/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	109	118		******	7	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	211	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	50	54.4		******	2.9	3			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	221	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2000	09/30/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******			******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT				******						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******							
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2000	09/30/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2000	10/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	135	165		******	9	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	205	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	75	136		******	4.9	9			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	225	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ID0025852	001-A
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DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******			******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Twice per Day	Grab

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
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DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2000	10/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94.4	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.1	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2000	11/30/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	150	188		******	10	12			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	209	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	44	55.7		******	3	4			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	234	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2000	11/30/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******			******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2000	11/30/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94.7	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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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: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2000	12/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	112	124		******	8	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	206	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	42	54		******	3	4			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	205	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2000	12/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******			******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2000	12/31/2000

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.5	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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MAJOR $
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SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	135	146		******	9	9			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	214	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	52	65		******	3	4			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	201	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
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DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******			******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2001	01/31/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94.9	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

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

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02/01/2001	02/28/2001

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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	******	******	******	******	******	11.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	154	174		******	10	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	199	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	62	64.9		******	3.9	4			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	222	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	6.25	17.34		******	.38	1			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.9077	.9077		******	54.5	54.5			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00122		******	******	.07			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0099	.0099		******	.6	.6			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.29	2.77		******	.02	.17			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.3	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	13				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	163	317		******	11	21			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	197	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	90	141		******	6	9			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	225	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.2	17.92		******	.19	1.06			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.1326	1.1326		******	67	67			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00472		******	******	.28			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0134	.0134		******	.8	.8			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.2	.92		******	.01	.07			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	89.2	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.4	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94.2	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	15.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	4970	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	197	233		******	13	16			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	208	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.19	******	7.69			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	116	134		******	7.6	8.9			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	220	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2001	04/30/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	.74	1.2		******	.05	.08			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.7255	.7255		******	48.6	48.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0008		******	******	.053			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0095	.0095		******	.64	.64			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	34	300			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.88	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.19	.92		******	.01	.06			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2001	04/30/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92.2	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.1	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94.4	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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05/01/2001	05/31/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	18.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	10965	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	152	173		******	9.2	10.5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	205	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.34	******	7.67			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	72.9	99.2		******	4.4	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	207	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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05/01/2001	05/31/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	.74	.95		******	.05	.06			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.931	.931		******	64.6	64.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00091		******	******	.06			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0092	.0092		******	.64	.64			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	16	21	110			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.952	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.36	.97		******	.02	.06			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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05/01/2001	05/31/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.3	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.5	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	92.9	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	20.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3290	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	129	150		******	8	10			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	202	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.26	******	7.78			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	60	87		******	3.7	5.5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	229	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.29	.51		******	.02	.03			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.797	.797		******	50.4	50.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00074		******	******	.05			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0103	.0103		******	.65	.65			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	38	44	500			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.954	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.78	6.35		******	.05	.4			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2001	06/30/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.2	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2001	07/31/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	22.1			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1109	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	124	126		******	8	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	208	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.38	******	7.7			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	63	70.5		******	3.9	4.7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	222	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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TYPED OR PRINTED					

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2001	07/31/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	.91	1.14		******	.05	.07			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.7754	.8136		******	46.05	46.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00065		******	******	.039			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0105	.0122		******	.62	.7			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.094	.1055		******	5.64	6.5			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	32	34	80			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.97	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2001	07/31/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.36	1.2		******	.02	.08			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94.1	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	86.9	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2001	08/31/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	22.8			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	491	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	123	181		******	7	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	201	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.37	******	7.79			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	81	127.4		******	4.8	7.8			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	219	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
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PERMIT NUMBER	DISCHARGE NUMBER

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DMR Mailing ZIP CODE: 83854
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SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.57	2.07		******	.09	.12			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.7998	.8154		******	47.85	48.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0005		******	******	.031			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0069	.0102		******	.408	.589			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.11	.1134		******	6.6	7			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	68	120	900			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.016	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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08/01/2001	08/31/2001

DMR Mailing ZIP CODE: 83854
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(SUBR 01)
SPOKANE RIVER (RM 100.5)
External Outfall
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.29	.82		******	.02	.05			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.1	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	81.4	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2001	09/30/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	22.5			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	905	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	115	138		******	7	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	203	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.89			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	91	103.7		******	5.2	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	241	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2001	09/30/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	3.94	13.17		******	.21	.58			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.0477	1.0477		******	55.1	55.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00114		******	******	.06			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0106	.0106		******	.56	.56			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.198	.198		******	10.4	10.4			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	16	26	500			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.042	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2001	09/30/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.42	2.63		******	.02	.15			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94.5	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	88.8	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2001	10/31/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	21.2			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1969	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	89	130		******	5	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	238	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.37	******	7.87			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	55	55		******	3.3	4.5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	244	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2001	10/31/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.31	6.71		******	.08	.38			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.8243	.8243		******	46.8	46.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00069		******	******	.039			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0088	.0088		******	.502	.502			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	7	2200			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.97	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.08	1.01		******	.01	.06			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2001	10/31/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.7	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.1	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.5	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DMR Mailing ZIP CODE: 83854
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(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	18.6			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2370	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	99	112		******	6	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	250	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.42	******	7.82			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	60.1	66.1		******	3.8	4.2			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	265	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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11/01/2001	11/30/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.34	3.01		******	.08	.17			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.6854	.685		******	43.3	43.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00057		******	******	.04			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0057	.0057		******	.357	.357			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	12	80			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.965	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.09	.69		******	.01	.04			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2001	11/30/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.4	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2001	12/31/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	14.3			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	4443	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	94	104		******	6	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	244	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.62	******	7.84			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	66	85		******	3.9	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	240	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2001	12/31/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	4.07	10.99		******	.24	.59			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.7824	.7824		******	51.6	51.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00053		******	******	.035			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0062	.0062		******	.408	.408			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	13			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.024	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.49	1.74		******	.03	.11			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2001	12/31/2001

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.3	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2002	01/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	12.9			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5841	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	129	169		******	8	10			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	236	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.55	******	7.75			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	146	207		******	8.8	13			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	247	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

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MM/DD/YYYY	MM/DD/YYYY
01/01/2002	01/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	9.92	21.65		******	.59	1.31			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.0853	1.1		******	63.2	63			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00143		******	******	.08			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0115	.0115		******	.667	.667				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	2			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.025	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.27	.86		******	.02	.05			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2002	01/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93.7	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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POST FALLS, ID 83854
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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2002	02/28/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	12.5			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5336	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	103	115		******	6	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	222	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.45	******	7.75			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	91	107		******	6	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	232	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2002	02/28/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	18.95	41.98		******	1.13	2.36			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.1314	1.1314		******	68	68			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00181		******	******	.11			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0155	.0155		******	.93	.93			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	13			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.963	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.25	1.52		******	.02	.09			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2002	02/28/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.4	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2002	03/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	13			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6897	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	139	179		******	9	12			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	229	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.47	******	7.75			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	118	160		******	7.5	10.3			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	238	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2002	03/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	33.46	56.77		******	2.03	3.39			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.2882	1.2882		******	77	77			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00268		******	******	.16			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0129	.0129		******	.77	.77			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	2			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.958	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.3	1.98		******	.02	.12			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: POST FALLS, CITY OF
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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2002	03/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.1	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.7	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89.4	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ID0025852	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2002	04/30/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	15.8			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	17470	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	167	195		******	11	13			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	235	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.53	******	7.83			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	133	180		******	8.4	12			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	232	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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MM/DD/YYYY	MM/DD/YYYY
04/01/2002	04/30/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	15.59	30.28		******	.95	1.8			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.237	1.237		******	74.9	74.9			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00182		******	******	.11			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.015	.015		******	.93	.93			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	13			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.948	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.35	.94		******	.02	.06			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2002	04/30/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.6	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	91.2	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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05/01/2002	05/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	18.5			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	18596	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	140	180		******	9	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	233	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.82			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	76	90		******	4.7	5.5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	241	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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05/01/2002	05/31/2002

DMR Mailing ZIP CODE: 83854
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(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	4.25	11.85		******	.25	.69			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.0852	1.0852		******	67.7	67.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0011		******	******	.07			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0117	.0117		******	.73	.73			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	6	30			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.967	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.3	.6		******	.02	.04			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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ID0025852	001-A

MONITORING PERIOD	
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05/01/2002	05/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.1	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89.4	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	21.4			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	17778	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	120	147		******	7	9			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	240	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.33	******	7.85			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	90	98.3		******	5.5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	251	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.24	4.12		******	.07	.25			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.1043	1.1		******	65	65			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.058			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0116	.0116		******	.68	.68			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	2	4			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.969	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.33	.83		******	.02	.05			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.4	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	91.3	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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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	******	******	******	******	******	23.4			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3190	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	132	166		******	8	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	239	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.51	******	7.79			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	75	92.4		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	240	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2002	07/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.4	2.53		******	.08	.15			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.0076	1.0628		******	60.1	62.9			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00112		******	******	.07			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0082	.0086		******	.49	.51			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.105	.099		******	6.26	6.58			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	8	110			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.941	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2002	07/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.39	.81		******	.02	.05			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.3	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	85.9	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2002	08/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	23.3			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	946	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	191	215		******	11	13			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	232	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.36	******	7.87			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	137	243		******	8	15			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	231	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2002	08/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	.78	.9		******	.05	.05			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.8515	.8515		******	49.3	49.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00062		******	******	.036			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0083	.0083		******	.48	.48			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.0979	.0979		******	5.67	5.67			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	13	30	900			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.027	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2002	08/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.7	1.21		******	.04	.07			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92.5	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	87.7	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89.1	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2002	09/30/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	23.2			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1467	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	152	176		******	9	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	224	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.54	******	7.95			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	98	134		******	5.6	7.5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	238	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2002	09/30/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.98	3.87		******	.11	.22			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.004	1.004		******	55.8	55.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.054			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0122	.0122		******	.68	.68			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.11	.11		******	6.11	6.11			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	4	13			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.09	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2002	09/30/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.59	1.34		******	.034	.085			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.3	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	88.7	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2002	10/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	20.6			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2136	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	112	135		******	7	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	242	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.53	******	7.83			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	59	68		******	3.5	4			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	222	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
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10/01/2002	10/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.64	4.35		******	.1	.25			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.8922	.8922		******	51.3	51.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00043		******	******	.025			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0059	.0059		******	.34	.34			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	15	900			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.051	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.43	.95		******	.03	.06			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

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10/01/2002	10/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.3	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.1	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.6	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
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11/01/2002	11/30/2002

DMR Mailing ZIP CODE: 83854
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(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	16.2			28 per Month	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1516	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	145	181		******	9	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	248	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.79			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	80	91.3		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	230	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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SPOKANE RIVER (RM 100.5)
External Outfall
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.8	8.91		******	.22	.49			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.6108	.6108		******	36.6	36.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0005		******	******	.03			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0052	.0052		******	.31	.31			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	23			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.032	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.23	.83		******	.01	.05			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.7	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	14.7			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2164	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	131	179		******	7	10			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	256	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.47	******	7.79			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	101	146		******	5.6	8			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	239	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2002	12/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	33.13	141.69		******	1.78	7.38			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.848	.848		******	47.1	47.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00061		******	******	.034			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.011	.011		******	.61	.61			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	50			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.145	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.31	.84		******	.02	.05			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2002	12/31/2002

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	100			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.3	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.5	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2003	01/31/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	13.2			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3766	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	177	206		******	10	12			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	247	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.45	******	7.75			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	196	215		******	11	13			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	246	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2003	01/31/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	25.2	45.66		******	1.44	2.66			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.787	.787		******	46.6	46.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00059		******	******	.035			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.37	.37			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	8			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.108	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.18	.52		******	.01	.03			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2003	01/31/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.9	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94.4	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2003	02/28/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	13			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	9098	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	229	262		******	13	15			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	242	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.59	******	8.32			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	128	148		******	8	9			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	230	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
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PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2003	02/28/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	26.59	46.35		******	1.52	2.54			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.13	1.13		******	65.4	65.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00107		******	******	.062			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.48	.48			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	4			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2098	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.3	.97		******	.02	.06			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2003	02/28/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94.6	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.7	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2003	03/31/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	14.3			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8305	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	249	287		******	15	17			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	229	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.49	******	7.73			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	145	165		******	9	10			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	213	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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POST FALLS, ID 83854
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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
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03/01/2003	03/31/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	50.68	84.54		******	3	4.87			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.923	.923		******	55.2	55.2			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00122		******	******	.061			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.01	.01		******	.61	.61			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	23			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.064	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.31	.61		******	.02	.04			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2003	03/31/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92.8	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.3	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.2	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2003	04/30/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	16.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	10580	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	171	244		******	10	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	692	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.53	******	7.81			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	119	144		******	7	9			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	416	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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ID0025852	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2003	04/30/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	9.3	20.5		******	.55	1.26			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.897	.897		******	51.1	51.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0008		******	******	.049			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.01	.01		******	.58	.58			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	4	8			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.056	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.29	.55		******	.02	.03			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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
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PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2003	04/30/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94.6	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2003	05/31/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	19.5			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	7249	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	109	146		******	7	9			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	236	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.55	******	7.86			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	104	128		******	6	8			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	226	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2003	05/31/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	3.4	8.95		******	.2	.51			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.783	.783		******	46.4	46.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0005		******	******	.032			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.34	.34			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	22	36	240			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.027	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.43	2.12		******	.03	.12			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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
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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2003	05/31/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.5	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.4	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.5	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2003	06/30/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	21.8			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	4253	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	175	198		******	10	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	238	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.39	******	7.67			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	169	198		******	10	11			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	244	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2003	06/30/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	3.37	5.27		******	.19	.31			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.263	1.263		******	68.3	68.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0017		******	******	.091			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.023	.023		******	1.23	1.23			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	22	25	1600			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2040	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.32	.73		******	.02	.1			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
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ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2003	06/30/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	72.8	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2003	07/31/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	908	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	113	209		******	7	13			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	248	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.52	******	7.85			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	69	97		******	4	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	252	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
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07/01/2003	07/31/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.62	5.79		******	.15	.32			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.873	.959		******	52.05	54.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	NODI 8		******	******	NODI 8				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.412	.458			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.17	.188		******	10.25	11.9			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	5	30			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.963	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2003	07/31/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.35	.58		******	.02	.04				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94.1	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.8	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.6	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2003	08/31/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	24.3			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	505	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	118	142		******	7	9			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	228	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.49	******	7.92			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	78	95		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	246	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2003	08/31/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.02	3.79		******	.12	.22			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.683	.683		******	39	39			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00058		******	******	.033			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.361	.361			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.073	.073		******	4.18	4.18			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	19	22	500			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.018	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2003	08/31/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.37	.72		******	.02	.05				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.7	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.3	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.4	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2003	09/30/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1167	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	135	173		******	8	10			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	232	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.86			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	78	91		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	242	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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09/01/2003	09/30/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	4.63	11.39		******	.27	.74			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.663	.663		******	39.4	39.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00042		******	******	.025			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.3	.3			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.07	.07		******	4.14	4.14			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	20	22	900			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.072	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

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09/01/2003	09/30/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.4	.82		******	.027	.04			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.3	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.3	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.6	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2003	10/31/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	21.7			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1820	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	103	123		******	6	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	243	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.48	******	7.93			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	82	94		******	5	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	237	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.48	5.84		******	.14	.3			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.673	.673		******	40.1	40.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0005		******	******	.03			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.369	.369			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	17			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.161	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.44	2.5		******	.02	.15				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab

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SPOKANE RIVER (RM 100.5)
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No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.6	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.4	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.9	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	17.2			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2065	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	129	227		******	7	13			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	253	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.22	******	7.76			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	149	294		******	8	17			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	241	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	4.21	20.67		******	.22	1.06				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.75	.75		******	38.3	38.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00043		******	******	.022			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.358	.358			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	6	30			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	7	21			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.276	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.33	.7		******	.02	.04				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	2			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94.8	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	16.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3441	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	107	146		******	6	8				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	251	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.43	******	7.81				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	73	86		******	4	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	243	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.42	7.78		******	.13	.43				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.551	.551		******	30.4	30.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.019				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.222	.222				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	5	50				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	6	26				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.15	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2003	12/31/2003

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.3	.7		******	.02	.04				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.2	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.6	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2004	01/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	12.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1947	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	134	185		******	7	10				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	232	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.33	******	7.7				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	93	121		******	5	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	237	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2004	01/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	7.61	20.75		******	.4	1.1				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.751	.751		******	39.8	39.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	NODI 8		******	******	NODI 8				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.197	.197				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	11	71				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	12.33	71				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.218	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2004	01/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.35	1.18		******	.02	.06				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.7	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.8	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2004	02/29/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	12.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3834	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	103	132		******	6	8				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	240	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.42	******	7.8				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	59	79		******	3	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	254	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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ID0025852	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2004	02/29/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	7.94	52.51		******	.44	2.9				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.202	1.202		******	66.4	66.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.055				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.39	.39				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	7	240				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	23	136				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.146	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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DMR Mailing ZIP CODE: 83854
MAJOR $
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SPOKANE RIVER (RM 100.5)
External Outfall
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.3	.57		******	.02	.03				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.8	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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03/01/2004	03/31/2004

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SPOKANE RIVER (RM 100.5)
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No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	15				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6617	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	101	129		******	6	8				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	238	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.45	******	7.76				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	66	102.5		******	4	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	232	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2004	03/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.47	3.88		******	.14	.22				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.854	.854		******	48.4	48.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	NODI 8		******	******	NODI 8				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.01		******	.454	.58				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	22				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3.6	18				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.09	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2004	03/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.35	.69		******	.02	.04				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.5	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2004	04/30/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	17.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	10597	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	129	177		******	7	10				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	269	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.44	******	7.69				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	129	229.5		******	7	13				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	288	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2004	04/30/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.61	2.31		******	.09	.13				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.938	.938		******	56.7	56.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.069				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.466	.466				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	26	300				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	40.92	156				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.103	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2004	04/30/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.51	3.15		******	.03	.17				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.6	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93.8	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94.9	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2004	05/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	19.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	9626	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	146	186		******	8	10				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	246	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.24	******	7.84				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	143	179		******	8	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	237	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2004	05/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	3.7	5.44		******	.21	.31				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.945	.945		******	53.3	53.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.072				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.01	.01		******	.55	.55				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	6	6	110				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	12.33	79				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.134	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2004	05/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.37	.65		******	.02	.04				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.2	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.3	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	69.3	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2004	06/30/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	22.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6596	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	122	162		******	7	10				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	271	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.49	******	7.77				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	93	121		******	5	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	278	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2004	06/30/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.56	5.58		******	.09	.31				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.084	1.084		******	65.2	65.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.08				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.388	.388				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	8	9	300				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	27	245				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.101	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2004	06/30/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.38	.69		******	.02	.04				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.3	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	80.9	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2004	07/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	23.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1594	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	135	203		******	8	11				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	254	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.83				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	94	117		******	5	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	260	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2004	07/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	24.88	185.71		******	1.47	11				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.939	.991		******	53.35	54.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.062				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.008		******	.412	.458				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.103	.112		******	5.835	6.1				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	9	11	50				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	18	47				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2004	07/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.052	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	.73		******	.02	.04				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.3	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.3	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	82.3	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2004	08/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	24.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1096	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	75	89		******	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	242	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.48	******	7.82				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	67	83		******	4	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	232	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2004	08/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.64	2.32		******	.09	.13				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.757	.757		******	43.4	43.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.055				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.183	.183				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.072	.072		******	4.11	4.11				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	9	27	300				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	18.92	94				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2004	08/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.11	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.38	.64		******	.02	.04				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.7	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2004	09/30/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	23.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1671	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	67	89		******	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	242	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.43	******	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	70	88		******	4	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	251	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2004	09/30/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	26.53	220.39		******	1.3	10.7				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.713	.713		******	34.6	34.6				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.027				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.333	.333				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.094	.094		******	4.58	4.58				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	14	16	130				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	28.08	97				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2004	09/30/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.205	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.37	.67		******	.02	.04				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	92.3	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
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POST FALLS, ID 83854
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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2004	10/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	21.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3007	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	76	102		******	4	6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	256	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.35	******	7.74				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	60	75		******	3	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	224	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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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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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2004	10/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.96	8.01		******	.1	.41				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.095	1.095		******	56.2	56.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0009		******	******	.044				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.144	.144				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	11	130				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	15.42	70				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.238	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2004	10/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.67	1.9		******	.04	.1				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94.5	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2004	11/30/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	17.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	4070	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	76	111		******	4	10				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	269	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.48	******	7.63				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	76	94		******	4	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	244	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2004	11/30/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	3.92	17.1		******	.2	.92				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.705	.705		******	36.6	36.6				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0004		******	******	.019				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.05	.05				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	23				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4.86	16				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.294	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

Form Approved
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POST FALLS, ID 83854
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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2004	11/30/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	1.25	1.9		******	.07	.1				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	2				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.6	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
12/01/2004	12/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	14.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	7874	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	91	108		******	5	6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	268	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.38	******	7.71				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	80	86		******	4	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	246	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2004	12/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	4.21	13.21		******	.22	.68				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.64	.64		******	31.2	31.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0006		******	******	.027				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.111	.111				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	8				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1.85	10				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.277	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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LOCATION: 2002 WEST SELTICE WAY
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PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

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12/01/2004	12/31/2004

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	1.03	2.3		******	.05	.12				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	2				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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			
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01/01/2005	01/31/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	13				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6147	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	81	91		******	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	262	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.33	******	7.73				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	92	113		******	5	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	251	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2005	01/31/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	6.79	16.15		******	.33	.74				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.611	.611		******	31.8	31.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.058				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.009	.009		******	.486	.486				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	8				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3.15	14				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.329	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

Form Approved
OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2005	01/31/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.38	1.02		******	.02	.06				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.6	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

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

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OMB No. 2040-0004

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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2005	02/28/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	12.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5840	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	130	148		******	7	8				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	250	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.35	******	7.8				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	77	89		******	4	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	244	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2005	02/28/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	8.62	21.32		******	.45	1.08				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.815	.815		******	45.8	45.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0015		******	******	.082				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.009	.009		******	.491	.491				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	8				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2.91	6				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.205	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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02/01/2005	02/28/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.3	.62		******	.02	.04				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.5	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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03/01/2005	03/31/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
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SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	14				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3542	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	86	108		******	5	6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	266	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.44	******	7.71				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	102	146		******	6	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	239	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
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ID0025852	001-A
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03/01/2005	03/31/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	9.22	28.71		******	.52	1.68				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.997	.997		******	55.1	55.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.055				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.445	.445				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	5	22				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4.4	12				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.155	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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03/01/2005	03/31/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.38	.98		******	.02	.05				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.6	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2005	04/30/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	17.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	9523	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	95	117		******	5	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	276	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.43	******	7.7				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	131	190		******	7	11				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	294	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2005	04/30/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.57	3		******	.09	.17				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.19	1.19		******	64.4	64.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.032				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.38	.38				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	10	30				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	12	36				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.149	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2005	04/30/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.31	.68		******	.02	.04				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.6	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94.7	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94.7	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2005	05/31/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	19.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	7279	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	76	96		******	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	240	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.45	******	7.79				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	71	88		******	4	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	249	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2005	05/31/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.08	4.57		******	.11	.24				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.13	1.13		******	62.3	62.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.056				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.042	.042				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	2	8				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	8				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.153	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2005	05/31/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.42	1.33		******	.02	.07				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.3	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	85.6	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2005	06/30/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	21.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3244	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	96	135		******	5	8				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	245	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.65				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	86	117		******	5	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	245	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2005	06/30/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.72	2.65		******	.09	.13				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.947	.947		******	50	50				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.037				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.322	.322				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	6	50				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	12	40				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.191	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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: POST FALLS, CITY OF
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POST FALLS, ID 83854
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ATTN: JOHN BEACHAM

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ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2005	06/30/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.37	1.05		******	.02	.06				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.6	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.3	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	62	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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ATTN: JOHN BEACHAM

ID0025852	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2005	07/31/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	23.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1210	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	134	173		******	7	10				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	239	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.41	******	7.76				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	86	109		******	5	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	252	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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ATTN: JOHN BEACHAM

ID0025852	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2005	07/31/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.84	3.64		******	.1	.21				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.96	1.05		******	52.4	56.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0006		******	******	.033				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.005		******	.245	.295				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.084	.084		******	4.56	4.56				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	11	24	240				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	18	67				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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07/01/2005	07/31/2005

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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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.175	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.46	1.08		******	.026	.06				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.8	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.8	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	84.7	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2005	08/31/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	23.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	589	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	72	91		******	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	258	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.75				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	66	72		******	4	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	260	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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DMR Mailing ZIP CODE: 83854
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(SUBR 01)
SPOKANE RIVER (RM 100.5)
External Outfall
No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	4.68	8.2		******	.25	.44				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.675	.675		******	36.1	36.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.008				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.156	.156				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.099	.099		******	5.27	5.27				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	6	17	240				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	11	59				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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DMR Mailing ZIP CODE: 83854
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(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.213	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.49	.92		******	.03	.05				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.6	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.4	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2005	09/30/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	22.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1320	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	76	97		******	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	263	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.71				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	67	77		******	4	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	250	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2005	09/30/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	3.09	9.12		******	.15	.45				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.813	.813		******	44.5	44.5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.017				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.275	.275				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.07	.07		******	3.81	3.81				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	11	80				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	6	32				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2005	09/30/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.273	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.57	1.46		******	.03	.09				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	2				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.3	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2005	10/31/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	20.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2389	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	74	90		******	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	270	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.47	******	7.71				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	66	90		******	3	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	262	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2005	10/31/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.51	3.83		******	.07	.18				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.811	.811		******	38.3	38.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0005		******	******	.023				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.234	.234				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	4	13				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	17				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.387	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2005	10/31/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.6	2		******	.03	.1				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	97.4	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2005	11/30/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	17.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2970	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	84	82		******	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	259	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.42	******	7.67				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	101	112		******	5	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	235	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2005	11/30/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.71	2.32		******	.08	.11				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.05	1.05		******	51.9	51.9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.032				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.207	.207				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	17				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	15				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.438	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

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ATTN: JOHN BEACHAM

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2005	11/30/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.81	2.1		******	.04	.1				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	2				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.1	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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ATTN: JOHN BEACHAM

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MM/DD/YYYY	MM/DD/YYYY
12/01/2005	12/31/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	13.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3116	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	162	183		******	8	8				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	249	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.31	******	7.58				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	189	252		******	9	11				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	247	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2005	12/31/2005

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	6	23.5		******	.29	1.17				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.98	.98		******	45.9	45.9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.044				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.18	.18				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	7	70				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5	21				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.523	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	1.07	1.8		******	.05	.08				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.5	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.9	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	12.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	10268	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	196	226		******	10	11				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	252	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.34	******	7.74				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	182	216		******	9	11				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	205	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	12.6	53.7		******	.63	2.72				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.2	1.2		******	62.7	62.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.064				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.153	.153				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	9	80				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	6	54				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.371	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	1.51	2.17		******	.08	.11				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94.2	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93.4	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2006	02/28/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	12.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6076	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	236	315		******	12	16				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	249	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.42	******	7.62				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	267	394		******	14	20				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	227	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2006	02/28/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.49	2.51		******	.07	.13				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.16	1.16		******	60.8	60.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0004		******	******	.021				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.298	.298				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	9	50				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	6	63				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.373	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

Form Approved
OMB No. 2040-0004

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NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2006	02/28/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.32	.78		******	.02	.04				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.4	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90.8	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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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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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2006	03/31/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	13				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6193	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	246	288		******	13	15				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	248	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.32	******	7.6				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	260	349		******	14	18				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	245	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2006	03/31/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	5.86	26.16		******	.3	1.33				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.13	1.13		******	58.9	58.9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.069				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.197	.197				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	4				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	4				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.284	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

Form Approved
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ADDRESS: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2006	03/31/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.44	1.58		******	.02	.08				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.5	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90.8	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	83.5	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2006	04/30/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	16.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	13807	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	132	169		******	7	9				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	256	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.27	******	7.63				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	107	142		******	6	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	236	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
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POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2006	04/30/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	4	18		******	.19	.92				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.89	.89		******	46.1	46.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0002		******	******	.01				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.17	.17				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	4	50				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	47				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.24	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2006	04/30/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.37	.64		******	.02	.04				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.6	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.5	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.3	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2006	05/31/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	19.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	14096	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	137	206		******	7	12				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	260	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.44	******	7.69				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	90	171		******	5	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	256	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2006	05/31/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.85	7.28		******	.1	.38				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.834	.834		******	44	44				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.016				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.29	.29				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	6	17	500				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	131				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.233	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2006	05/31/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.47	1.11		******	.03	.06				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.9	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.6	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2006	06/30/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	22				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	7209	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	87	120		******	5	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	268	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.42	******	7.78				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	87	121		******	5	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	250	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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06/01/2006	06/30/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.38	1.66		******	.07	.09				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.91	.91		******	49.6	49.6				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0002		******	******	.009				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.268	.268				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	6	9	50				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	7	32				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.252	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

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06/01/2006	06/30/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.41	.86		******	.02	.05				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.4	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.4	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.1	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2006	07/31/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	24.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1776	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	127	164		******	7	9				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	263	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.15	******	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	132	164		******	7	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	251	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2006	07/31/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.19	2.79		******	.12	.15				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.25	1.25		******	65.7	65.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.017				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.31	.31				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.12	.12		******	6.2	6.2				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	36	53	300				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	29	179				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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

Form Approved
OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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07/01/2006	07/31/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.183	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.43	.82		******	.024	.045				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.4	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	72.6	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2006	08/31/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	23.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	632	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	108	167		******	6	9				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	259	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.46	******	7.71				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	84	102		******	5	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	257	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2006	08/31/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.93	2.71		******	.1	.15				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.02	1.02		******	55.1	55.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.281	.281				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.11	.11		******	5.9	5.9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	14	22	170				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	11	113				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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08/01/2006	08/31/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.254	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.56	.95		******	.03	.05				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.3	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	90.7	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2006	09/30/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	23.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1296	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	99	118		******	5	6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	284	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.46	******	7.64				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	112	121		******	6	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	270	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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ADDRESS: CITY HALL, 408 SPOKANE STREET
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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2006	09/30/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.93	2.7		******	.1	.14				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.98	.98		******	51.3	51.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.007				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.26	.26				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.102	.102		******	5.3	5.3				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	11	19	130				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	12	89				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2006	09/30/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.329	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.49	.87		******	.025	.045				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	2				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.3	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	91.1	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2006	10/31/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	20.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1702	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	78	114		******	4	6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	264	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.94	******	7.73				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	86	124		******	4	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	243	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2006	10/31/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.92	20.05		******	.15	1.04				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.19	1.19		******	56.1	56.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.062				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.013	.013		******	.6	.6				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	5	23				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	7	21				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.411	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2006	10/31/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.58	1.1		******	.03	.06				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87.5	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2006	11/30/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	17.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5647	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	76	82		******	4	4				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	263	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.39	******	7.78				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	67	82		******	3	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	253	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
11/01/2006	11/30/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.34	2.1		******	.07	.11				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.84	.84		******	41.3	41.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.032				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.093	.093				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	4	23				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	14				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.443	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.48	1.1		******	.02	.06				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	2				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.3	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	13.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5354	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	117	155		******	6	8				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	281	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.48	******	7.7				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	122	113		******	6	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	258	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2006	12/31/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.18	2.29		******	.06	.11				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.11	1.11		******	54.5	54.5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.017				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.178	.178				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	5	110				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	27				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.497	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2006	12/31/2006

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.41	.81		******	.02	.04				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.1	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.1	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2007	01/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	12.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5514	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	102	147		******	5	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	274	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.29	******	7.7				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	139	189		******	7	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	259	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2007	01/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.18	2.27		******	.06	.11				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.88	.88		******	43	43				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0002		******	******	.012				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.21	.21				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	5	30				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	49				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.52	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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POST FALLS, ID 83854
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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2007	01/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.33	.72		******	.02	.03				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.2	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2007	02/28/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	11.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5245	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	115	121		******	6	6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	287	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.36	******	7.71				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	139	151		******	7	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	254	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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Form Approved
OMB No. 2040-0004

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ID0025852	001-A
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MONITORING PERIOD	
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02/01/2007	02/28/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	28	163		******	1.42	8.4				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.05	1.05		******	47.9	47.9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0005		******	******	.025				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.295	.295				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	6	110				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	106				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.437	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2007	02/28/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.58	4.6		******	.03	.29				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.3	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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			
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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2007	03/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	13.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	12698	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	121	204		******	6	10				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	275	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.41	******	7.72				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	106	183		******	5	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	277	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2007	03/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.19	1.77		******	.06	.09				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.14	1.14		******	55	55				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0002		******	******	.011				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.402	.402				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	4	30				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	22				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.346	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2007	03/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	1.22	2.57		******	.06	.13				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.3	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.3	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.9	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2007	04/30/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	15.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	12136	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	75	96		******	4	6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	278	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.27	******	7.72				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	61	82		******	3	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	265	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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TYPED OR PRINTED					

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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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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2007	04/30/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.61	8.41		******	.09	.47				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.82	.876		******	44.8	48.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.018				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.006		******	.22	.32				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	23				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	23				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.288	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2007	04/30/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.41	.94		******	.02	.05				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.9	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ADDRESS: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2007	05/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	18.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8706	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	58	74		******	3	4				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	276	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.48	******	7.81				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	61	103		******	3	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	266	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2007	05/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.32	3.94		******	.07	.21				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.759	.759		******	39	39				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.017				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.337	.337				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	7	8	110				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5	60				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.254	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2007	05/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.45	1.05		******	.02	.06				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.5	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2007	06/30/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	20.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3369	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	69	112		******	4	6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	292	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.56	******	7.71				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	53	74		******	3	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	260	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2007	06/30/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.04	1.44		******	.06	.08				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.155	1.155		******	61.8	61.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.133	.133				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	8	23				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	31				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.248	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2007	06/30/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.44	1.24		******	.02	.07				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	86.8	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2007	07/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	23.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1062	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	80	114		******	4	6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	273	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.62	******	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	57	74		******	3	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	267	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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07/01/2007	07/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	.87	.99		******	.05	.05				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.05	1.05		******	54.6	54.6				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0007		******	******	.035				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.429	.429				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.105	.105		******	.549	5.49				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	6	16	70				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5	67				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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TYPED OR PRINTED					

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2007	07/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.266	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.43	.77		******	.02	.04				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.7	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2007	08/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	22.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	451	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	67	88		******	3	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	256	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.53	******	7.81				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	60	78		******	3	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	249	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2007	08/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.4	1.8		******	.07	.09				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.877	.877		******	45.2	45.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.007				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.275	.275				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.1	.1		******	5.32	5.32				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	8	50				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5	36				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2007	08/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.331	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	.75		******	.02	.04				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.2	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2007	09/30/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	22.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	934	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	62	70		******	3	4				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	262	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.58	******	7.78				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	59	80		******	3	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	247	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2007	09/30/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.13	1.3		******	.06	.06				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.996	.996		******	48	48				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.015				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.251	.251				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.116	.116		******	5.58	5.58				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	7	17	110				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	6	83				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2007	09/30/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.4	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.37	.78		******	.02	.04				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	97.1	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2007	10/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	19				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1927	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	56	62		******	3	3				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	274	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.59	******	7.77				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	74	102		******	4	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	230	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2007	10/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	.75	.9		******	.04	.04				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.962	.962		******	46	46				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.013				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.297	.297				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	15	80				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	7	46				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.458	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2007	10/31/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.47	1.99		******	.02	.1				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	2				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	97.4	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2007	11/30/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	16.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2482	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	52	61		******	3	3				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	287	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.57	******	7.79				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	70	82		******	3	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	258	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2007	11/30/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	.96	1.06		******	.05	.05				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.845	.845		******	42	42				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	< .0001		******	******	< .003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.229	.229				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	4	7				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	8				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.49	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2007	11/30/2007

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.4	.94		******	.02	.04				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	2				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	13.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3636	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	53	64		******	3	3				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	268	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.56	******	7.82				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	79	91		******	4	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	242	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	.93	1.32		******	.04	.06				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.807	.807		******	39.7	39.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0002		******	******	.008				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.204	.024				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	4	17				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	4				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.522	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
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DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.34	.73		******	.02	.04				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2008	01/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	12.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2881	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	108	145		******	5	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	272	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.37	******	7.73				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	127	145		******	6	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	259	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2008	01/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.19	1.96		******	.06	.1				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.897	.897		******	43.7	43.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0002		******	******	.009				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.258	.258				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	36	140				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	11	44				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.551	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2008	01/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.44	.93		******	.02	.05				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.1	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.6	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2008	02/29/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	11.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2568	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	104	133		******	5	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	261	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.45	******	7.74				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	129	164		******	6	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	250	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2008	02/29/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.01	1.72		******	.05	.08				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.858	.858		******	42.8	42.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0002		******	******	.008				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.009	.009		******	.438	.438				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	67	220				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	9	104				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.534	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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02/01/2008	02/29/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.43	.7		******	.02	.03				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.1	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	12				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6243	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	134	196		******	7	10				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	285	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.69				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	216	304		******	11	16				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	267	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.28	1.71		******	.06	.09				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.989	.989		******	49	49				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0005		******	******	.024				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.383	.383				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	31	130				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	12	102				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.44	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2008	03/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.34	.63		******	.02	.03				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.6	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.9	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	85.3	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2008	04/30/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	14.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8178	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	104	167		******	5	9				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	276	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.7				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	165	191		******	9	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	90.3	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2008	04/30/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	4.9	18.6		******	.25	.94				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.12	1.12		******	59.9	59.9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.015				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.36	.36				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	105	500				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	8	160				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2369	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2008	04/30/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.66	2.92		******	.03	.14				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.5	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	90.3	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2008	05/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	17.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	26038	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	92	176		******	5	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	265	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.53	******	7.79				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	105	202		******	5	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	248	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
05/01/2008	05/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.19	1.45		******	60.5	73.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.002		******	******	.12				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.009		******	.34	.45				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	20	50	280				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	16	194				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2320	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
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ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2008	05/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	2.02	4.02		******	.104	.21				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.3	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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			
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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2008	06/30/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	21				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	23297	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	57	65		******	3	4				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	281	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.37	******	7.87				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	78	93		******	4	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	252	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2008	06/30/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.05	2.5		******	.05	.13				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.761	.761		******	39.9	39.9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.018				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.202	.202				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	14	35	170				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	10	84				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2300	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2008	06/30/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.5	.96		******	.03	.05				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.3	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2008	07/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	21.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3815	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	69	78		******	4	4				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	259	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.77				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	54	79		******	3	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	255	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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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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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2008	07/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.54	1.54		******	79	79				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.013				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.271	.271				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.114	.114		******	5.83	5.83				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	18	79	300				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2008	07/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.307	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.52	1.06		******	.027	.05				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.5	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2008	08/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1136	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	55	67		******	3	4				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	263	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.83				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	45	60		******	2	3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	230	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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
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TYPED OR PRINTED					

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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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2008	08/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.84	8.14		******	.09	.43				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.116	1.116		******	57.7	57.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.015				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.256	.256				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.124	.124		******	6.43	6.43				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	8	57	700		1		
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2008	08/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.37	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.57	1.28		******	.029	.06				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2008	09/30/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	20.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1469	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	66	79		******	3	4				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	262	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.67	******	7.89				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	51	60		******	3	3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	248	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2008	09/30/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.15	1.43		******	.06	.07				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.96	.96		******	44.2	44.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0002		******	******	.011				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.086	.086				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.103	.103		******	4.73	4.73				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	9	28	240				
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	6	151				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2008	09/30/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2448	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.58	1.03		******	.03	.05				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	2				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2008	10/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	20.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2012	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	77	107		******	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	265	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.61	******	7.84				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	89	138		******	4	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	233	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2008	10/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	.98	1.28		******	.05	.06				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.31	1.31		******	58.7	58.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0004		******	******	.02				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.238	.238				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	22	80				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5	83				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2460	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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ADDRESS: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2008	10/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.59	1.15		******	.03	.06				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	303				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.1	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.6	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2008	11/30/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	17.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2486	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	95	177		******	5	9				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	269	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.54	******	7.78				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	123	260		******	6	13				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	241	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2008	11/30/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.62	4.79		******	.08	.22				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.29	1.32		******	61.6	64.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0002		******	******	.01				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.175	.217				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	24	50				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	39				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.486	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2008	11/30/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.49	1.28		******	.024	.065				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.3	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

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

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ID0025852	001-A
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12/01/2008	12/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	14.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3624	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	87	97		******	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	263	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.49	******	7.81				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	134	210		******	6	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	259	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2008	12/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.48	3.43		******	.06	.13				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.33	1.33		******	62.6	62.6				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0002		******	******	.008				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.301	.301				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	177	500				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	6	131				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.69	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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12/01/2008	12/31/2008

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.4	.84		******	.02	.04				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	2				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.6	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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01/01/2009	01/31/2009

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MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	11.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6882	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	83	96		******	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	263	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.36	******	7.79				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	104	144		******	5	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	234	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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01/01/2009	01/31/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.65	7.66		******	.07	.34				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.7849	.7849		******	36.7	36.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.016				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0012	.0012		******	.057	.057				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	5				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	14				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.603	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2009	01/31/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.54	1.23		******	.02	.06				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2009	02/28/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	10.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	4022	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	100	133		******	5	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	267	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.46	******	7.7				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	108	133		******	5	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	257	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2009	02/28/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	.85	1.02		******	.04	.05				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.919	.919		******	44.7	44.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.016				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.343	.343				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	21	50				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	9	59				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4022	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

Form Approved
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ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2009	02/28/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.37	1.2		******	.02	.06				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.1	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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MM/DD/YYYY	MM/DD/YYYY
03/01/2009	03/31/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	11.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8425	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	85	109		******	4	6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	254	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.36	******	7.72				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	99	148		******	5	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	223	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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ID0025852	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2009	03/31/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	.94	1.27		******	.05	.06				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.2962	1.2962		******	60.6	60.6				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.014				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0044	.0044		******	.207	.207				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	17	50				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5	41				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.432	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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03/01/2009	03/31/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.49	1.07		******	.02	.06				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.3	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94.5	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2009	04/30/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	14.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	15219	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	82	106		******	4	6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	280	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.55	******	7.85				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	104	131		******	5	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	238	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2009	04/30/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	.96	2.07		******	.05	.1				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.32	1.32		******	68	68				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0041	.0041		******	.211	.211				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	10	30				
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	22				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.334	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2009	04/30/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.44	1.05		******	.02	.06				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94.3	******	******				
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2009	05/31/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	19			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	19006	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	84	114		******	4	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	273	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.84			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	110	138		******	6	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	305	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2009	05/31/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.25	1.82		******	.06	.09			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.35	1.35		******	67	67			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.013			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0027	.0027		******	.136	.136			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	12	41	240			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	7	113			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.303	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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05/01/2009	05/31/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.47	1.45		******	.02	.07			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89.5	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2009	06/30/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	20			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8072	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	105	118		******	5	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	262	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.55	******	7.77			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	117	148		******	6	8			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	255	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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06/01/2009	06/30/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.23	1.78		******	.06	.09			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.453	1.453		******	76	76			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0004		******	******	.021			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.222	.222			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	7	147	500			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	201			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.32	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2009	06/30/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.47	.97		******	.02	.05			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94.6	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2009	07/31/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	22.8			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1688	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	74	86		******	4	5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	260	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.57	******	7.85			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	72	86		******	4	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	253	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2009	07/31/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.23	1.67		******	.06	.09			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.24	1.24		******	61.8	61.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0002		******	******	.012			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.198	.1298			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.07	.07		******	3.54	3.54			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	12	23			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	42			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2009	07/31/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.31	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.49	.94		******	.03	.05			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.8	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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
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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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2009	08/31/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	891	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	89	103		******	5	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	262	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.53	******	7.81			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	87	119		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	243	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2009	08/31/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.1	1.32		******	.06	.08			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.496	1.683		******	77.3	84.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.013			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.198	.198			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.069	.083		******	3.59	4.45			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	9	75	240			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	7	120			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2009	08/31/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.344	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.6	1.4		******	.03	.07			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.3	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.3	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	22.7			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1106	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	56	78		******	3	4			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	255	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.53	******	7.73			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	78	126		******	4	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	238	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.47	1.77		******	.07	.09			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.31	1.31		******	66.6	66.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0003		******	******	.014			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0017	.0017		******	.088	.088			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.0618	.0618		******	3.15	3.15			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	5	30			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	15			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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

Form Approved
OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.429	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.52	1.07		******	.03	.05			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.6	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2009	10/31/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	19.2			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1534	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	79	105		******	4	5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	255	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.57	******	8.02			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	99	138		******	5	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	232	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ID0025852	001-A
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10/01/2009	10/31/2009

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MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.49	2.08		******	.07	.1			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.816	.816		******	38.5	38.5			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.091	.091			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	8			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	8			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.475	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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10/01/2009	10/31/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	1.08	3.14		******	.05	.15			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	16.2			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2537	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	73	82		******	4	4			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	291	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.31	******	7.79			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	103	113		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	265	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.09	1.7		******	.05	.08			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.255	1.255		******	63.5	63.5			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.136	.136			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	2			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	2			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.472	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	1.79	3.6		******	.09	.16			Twice per Week	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.1	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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12/01/2009	12/31/2009

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	13.4			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2936	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	83	115		******	4	5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	249	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.51	******	7.73			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	82	105		******	4	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	242	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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12/01/2009	12/31/2009

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SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	.88	1.31		******	.04	.06			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.247	1.247		******	60.5	60.5			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	0		******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.197	.197			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	10	17			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	18			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.6	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.38	1		******	.02	.05			Twice per Week	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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SPOKANE RIVER (RM 100.5)
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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	******	******	******	******	******	11.8			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2976	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	69	92		******	3	4			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	269	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.46	******	7.71			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	83	95		******	4	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	255	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.25	1.84		******	.06	.09			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.17	1.17		******	55.3	55.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.004			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.27	.27			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	7			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	3			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.466	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2010	01/31/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.45	1.19		******	.02	.06			Twice per Week	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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			
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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2010	02/28/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	12.1			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2997	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64	71		******	3	4			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	282	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.29	******	7.77			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	93	111		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	260	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2010	02/28/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.04	1.21		******	.05	.06			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.25	1.25		******	63.7	63.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.005			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.19	.19			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	4			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	9	5			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.403	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2010	02/28/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.49	.87		******	.02	.05			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2010	03/31/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	13.1			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3296	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	71	77		******	4	4			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	269	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.31	******	7.67			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	92	107		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	257	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2010	03/31/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	.9	1.22		******	.05	.06			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.11	1.11		******	56.4	56.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0005		******	******	.023			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.38	.38			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	11	30			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	22			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.382	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DMR Mailing ZIP CODE: 83854
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(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.4	1.02		******	.02	.05			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.9	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	15.4			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6242	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	99	160		******	5	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	281	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.59			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	138	171		******	7	4			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	262	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.36	1.64		******	.07	.09			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.35	1.35		******	69.1	69.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.03	.03			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	18	50			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	59			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.366	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.47	1.19		******	.02	.06			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.3	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.5	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2010	05/31/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	17.4			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	10146	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18	139		******	6	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	271	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.06	******	7.72			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	150	158		******	8	8			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	247	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2010	05/31/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.68	3.75		******	.09	.2			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.34	1.34		******	70.4	70.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0016		******	******	.083			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0085	.0085		******	.45	.45			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	19	47			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	4			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.336	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
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ID0025852	001-A
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MM/DD/YYYY	MM/DD/YYYY
05/01/2010	05/31/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.65	1.5		******	.03	.08			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.9	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.3	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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
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TYPED OR PRINTED					

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

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OMB No. 2040-0004

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NAME: POST FALLS, CITY OF
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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2010	06/30/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	20.3			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	12754	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	82	117		******	4	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	278	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.37	******	7.7			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	87	98		******	4	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	260	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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06/01/2010	06/30/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.55	2.2		******	.08	.11			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.078	1.078		******	55.3	55.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0015		******	******	.079			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.01	.01		******	.53	.53			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	9	30			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	33			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.368	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2010	06/30/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.55	1.43		******	.03	.07			Twice per Week	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.3	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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
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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2010	07/31/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	22.3			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2677	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	105	135		******	5	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	283	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.48	******	7.71			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	79	97		******	4	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	266	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2010	07/31/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.52	2.37		******	.08	.12			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.29	1.29		******	68.3	68.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.015		******	******	.79			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.411	.411			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.09	.09		******	4.94	4.94			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	8	30	130			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	6	50			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2010	07/31/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.341	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.56	1.26		******	.03	.07			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.1	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87.3	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	22.7			Once per 10 Days	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	854	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	186	280		******	9	15			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	269	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.45	******	7.81			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	262	541		******	13	28			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	240	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.45	4.31		******	.12	.21			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.406	1.406		******	72.8	72.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0016		******	******	.083			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.012	.012		******	.61	.61			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.14	.14		******	7.2	7.2			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	5	23			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	38			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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08/01/2010	08/31/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.382	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.58	1.44		******	.03	.07			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.6	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94.6	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	73.3	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	21.7			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1358	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	139	184		******	7	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	285	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.49	******	7.73			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	236	348		******	12	17			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	271	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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)
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POST FALLS, ID 83854
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LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

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09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.98	3.27		******	.09	.15			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.5	1.5		******	73.3	73.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.002		******	******	.097			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0137	.0137		******	.67	.67			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.1453	.1453		******	7.1	7.1			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	7	50			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	52			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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

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OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
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POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.505	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.71	1.09		******	.03	.06			Twice per Week	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.6	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.7	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	88.8	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	20.5			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1863	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	120	142		******	6	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	263	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.41	******	7.68			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	175	194		******	9	10			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	257	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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MAJOR $
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SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.24	2.67		******	.11	.13			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.19	1.19		******	61.9	61.9			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0015		******	******	.076			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.011	.011		******	.55	.55			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	17	50			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	48			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.471	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.64	1.28		******	.03	.07			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.7	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	91.3	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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DMR Mailing ZIP CODE: 83854
MAJOR $
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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	******	******	******	******	******	17.3			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3255	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	110	123		******	6	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	278	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.34	******	7.73			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	149	180		******	8	10			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	244	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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ADDRESS: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

ID0025852	001-A
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11/01/2010	11/30/2010

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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, ammonia total [as N]	SAMPLE MEASUREMENT	2.28	5.82		******	.11	.29			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.16	1.16		******	59.2	59.2			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0013		******	******	.068			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.012	.012		******	.6	.6			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	10	30			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	18			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.412	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.52	1.16		******	.03	.06			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	13.4			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6767	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	135	155		******	7	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	278	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.28	******	7.64			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	183	212		******	9	11			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	263	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.01	2.78		******	.1	.13			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.069	1.069		******	52.7	52.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0014		******	******	.07			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.014	.014		******	.67	.67			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	2			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	3			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.405	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.37	1.1		******	.02	.06			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	0			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.8	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	11.8			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	13280	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	122	151		******	6	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	273	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.35	******	7.66			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	215	262		******	11	14			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	259	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	9.53	34.47		******	.46	1.74			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.34	1.34		******	64.3	64.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0016		******	******	.076			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.017	.017		******	.8	.8			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	23	23			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	11			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.485	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.41	1.19		******	.02	.06			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.4	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	10.9			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8828	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	210	265		******	11	14			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	281	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.24	******	7.75			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	281	416		******	15	22			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	261	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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
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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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POST FALLS, ID 83854
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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.34	2.15		******	.07	.11			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.34	1.34		******	69.8	69.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0019		******	******	.098			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.014	.014		******	.72	.72			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	11	30			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	21			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.387	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.35	1.54		******	.02	.08			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.6	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.1	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	12.4			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8800	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	125	144		******	7	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	296	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.36	******	7.72			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	148	168		******	8	9			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	259	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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POST FALLS, ID 83854
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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.09	1.39		******	.06	.07			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.14	1.14		******	60.9	60.9			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0016		******	******	.085			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.011	.011		******	.59	.59			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	4	8			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	5			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.34	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.61	4.53		******	.03	.023			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.3	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	83	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	13.3			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	18026	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	124	109		******	6	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	292	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.24	******	7.89			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	124	136		******	6	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	253	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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ADDRESS: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.36	1.49		******	.07	.08			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.13	1.13		******	58.2	58.2			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0068		******	******	.35			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.025	.025		******	1.27	1.27			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	12	60			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	29			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.354	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.63	5		******	.03	.25			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94.1	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	16.6			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	24241	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	87	102		******	5	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	280	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.9			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	108	132		******	6	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	244	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
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05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.09	1.3		******	.06	.06			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.15	1.15		******	61.9	61.9			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0035		******	******	.19			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.015	.015		******	.83	.83			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	3	8			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	5			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.307	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.49	1.04		******	.03	.05			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.9	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	19.5			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	22202	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	104	172		******	5	9			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	266	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.38	******	7.62			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	128	225		******	7	10			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	257	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

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DMR Mailing ZIP CODE: 83854
MAJOR $
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SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.57	1.92		******	.08	.11			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.22	1.22		******	63.5	63.5			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0037		******	******	.19			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.015	.015		******	.77	.77			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	17	23			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	12			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.31	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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ID0025852	001-A

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MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.43	.89		******	.02	.05			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.7	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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			
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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	21.6			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6417	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	94	158		******	5	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	289	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.35	******	7.9			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	57	75		******	3	4			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	253	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.44	1.88		******	.07	.09			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.93	.93		******	45.9	45.9			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0044		******	******	.2149			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.02	.02		******	.976	.976			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.04	.04		******	2.13	2.13			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	6	23			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	21			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.47	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.49	1.05		******	.02	.05			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	22.8			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1263	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	94	108		******	5	5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	273	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.39	******	7.75			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	101	107		******	5	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	256	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.44	4.44		******	.07	.21			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.09	1.09		******	53.9	53.9			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0021		******	******	.1021			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.013	.013		******	.65	.65			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.07	.07		******	3.44	3.44			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	6	20	80			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	6	81			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.477	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.64	1.25		******	.031	.06			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87.1	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	22.1			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1164	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	90	108		******	4	5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	282	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.41	******	7.76			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	78	99		******	4	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	267	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.66	1.8		******	.08	.08			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.21	1.21		******	57.7	57.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0034		******	******	.164			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.021	.021		******	1	1			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.12	.12		******	5.8	5.8			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	9	17			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	15			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.474	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.57	1.34		******	.03	.06			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.6	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	20.9			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1613	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	82	95		******	4	5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	263	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.38	******	7.71			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	97	120		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	237	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.5	1.7		******	.07	.08			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.84	.84		******	42.3	42.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0008		******	******	.038			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.01	.01		******	.49	.49			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	2			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	2			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.502	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.49	1.26		******	.02	.06			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.1	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.2	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	16.9			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2497	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	89	128		******	4	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	274	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.37	******	7.58			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	112	159		******	5	8			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	249	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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LOCATION: 2002 WEST SELTICE WAY
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DMR Mailing ZIP CODE: 83854
MAJOR $
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SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.29	4.02		******	.11	.19			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.1984	1.1984		******	57.7	58.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0008		******	******	.041			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0127	.0127		******	.622	.622			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	4			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	1			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.539	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.49	1.41		******	.02	.07			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	13.4			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2560	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	90	103		******	4	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	289	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.31	******	7.78			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	149	214		******	7	12			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	258	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	35	191		******	1.64	8.82			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.025	1.025		******	56.5	56.5			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0008		******	******	.0465			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.014	.014		******	.75	.75			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	7	70			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	37			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.521	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.43	1.51		******	.02	.08			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.4	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	12.5			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2245	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	72	86		******	3	4			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	302	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.28	******	7.56			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	112	150		******	5	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	285	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

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MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.11	3.14		******	.1	.15			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.08	1.08		******	53	53			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0037		******	******	.18			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.25	.25			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	6	8			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	4			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.535	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.45	.88		******	.02	.04			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	11.7			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3362	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	91	102		******	5	5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	290	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.29	******	7.55			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	91	107		******	5	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	263	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	.74	.84		******	.04	.04			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.03	1.03		******	50.1	50.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.22	.22			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	4	13			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	17			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.433	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.39	.83		******	< .09	< .09			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	12.1			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	9315	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	72	92		******	4	5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	285	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.39	******	7.66			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	92	113		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	250	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.41	2.78		******	.12	.14			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.05	1.05		******	51.8	51.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.35	.35			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	4	11			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	9			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.422	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	< 1.84	< 2		******	< .09	< .09			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	16.1			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	24188	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	111	163		******	6	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	287	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.34	******	7.74			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	146	194		******	7	10			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	274	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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TYPED OR PRINTED					

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

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.88	12.54		******	.14	.63			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.88	.88		******	44.7	44.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.15	.15			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	8			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	7			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.403	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	< 1.84	< 2		******	< .09	< .09			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.1	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.3	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.8	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	18			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	21929	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	112	154		******	6	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	305	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.32	******	7.91			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	128	193		******	7	10			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	288	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	3.62	12.53		******	.18	.58			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.45	.45		******	22.7	22.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0008		******	******	.04			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.03	.03			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	5	21			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	22			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.395	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	< 1.8	< 2		******	< .09	< .09			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.6	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	20.4			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	16000	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	133	173		******	7	9			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	285	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.6			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	148	223		******	7	11			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	267	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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ID0025852	001-A
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DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.59	2.03		******	.08	.1			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.78	.78		******	38.2	38.2			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0006		******	******	.03			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	0	0		******	0	0			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	11	50			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	22			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.422	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	< 1.82	< 1.93		******	< .09	< .09			Twice per Day	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Annual	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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			
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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3624	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	133	178		******	7	9			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	278	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.29	******	7.66			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	143	237		******	7	12			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	267	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	8	17.85		******	.39	.81			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.7	1.7		******	84.7	84.7		1	Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0016		******	******	.08			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.019	.019		******	.94	.94			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.22	.22		******	11	11			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	7	14	50			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	9	65			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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

Form Approved
OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.478	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< 1.84	< 2		******	< .09	< .09			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.6	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.3	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	79.8	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	29.3			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	948	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	89	125		******	4	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	246	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.41	******	7.71			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	55	83		******	3	4			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	254	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

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

DMR Mailing ZIP CODE: 83854
MAJOR $
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SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.76	3.49		******	.13	.17			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.27	1.27		******	59.5	59.5			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.24	.24			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.107	.107		******	5.04	5.04			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	10	23			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	44			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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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	2.454	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< 1.87	< 2		******	< .09	< .09			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.3	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	97.4	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	22.1			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1073	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	71	93		******	4	5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	261	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.68			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	48	52		******	2	3			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	243	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.19	1.55		******	.06	.08			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.11	1.11		******	46.8	46.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0007		******	******	.03			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.2	.2			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.11	.11		******	4.7	4.7			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	7	33	50			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	57			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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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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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.46	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< 1.85	< 2.15		******	< .09	< .09			Twice per Day	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	97.6	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	20.9			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1584	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	74	129		******	4	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	266	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.52	******	7.69			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	63	82		******	3	4			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	240	******			Daily	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2	2		******	.1	.1			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.7	.7		******	36	36			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.12	.12			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	7	50			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	15			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.442	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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LOCATION: 2002 WEST SELTICE WAY
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ID0025852	001-A
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MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	97.3	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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ID0025852	001-A
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MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	18.2			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3815	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64	72		******	3	4			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	277	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.44	******	7.67			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	51	62		******	3	3			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	258	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DMR Mailing ZIP CODE: 83854
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SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	.71	.83		******	.03	.4			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.68	.68		******	35.1	35.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.03	.03			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	4			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	7			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.489	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	14.9			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8312	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	66	78		******	3	4			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	296	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.39	******	7.6			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	58	73		******	3	4			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	271	******			Daily	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1	2		******	.1	.1			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.86	.86		******	40.8	41			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.03			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.39	.39			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	4	13			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	15			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.49	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	16.2			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3253	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	115	133		******	6	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	288	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.29	******	7.54			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	113	143		******	6	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	263	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.61	2.4		******	.08	.11			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.79	.79		******	37.8	37.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00002		******	******	< .001			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.22	.22			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	10	240			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5	124			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.491	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.1	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	11.7			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	4228	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	103	124		******	5	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	284	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.33	******	7.59			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	96	113		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	251	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	3.44	5.5		******	.17	.25			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.02	1.02		******	52.2	52.2			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0006		******	******	.03			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.26	.26			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	5	14			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	19			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.469	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	13.6			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	7986	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	83	102		******	4	5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	285	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.12	******	7.63			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	87	102		******	4	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	254	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.45	8.75		******	.12	.43			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.96	.96		******	48.2	48.2			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.004		******	******	.21			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.01	.01		******	.49	.49			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	7	13			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	10			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.451	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.3	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	97.1	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	15.1			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	14883	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	103	114		******	5	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	285	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.24	******	7.62			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	110	124		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	259	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.47	1.86		******	.07	.09			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.05	1.05		******	54.7	54.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.35	.35			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	9	23			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	31			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.454	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.4	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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
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TYPED OR PRINTED					

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	18.5			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	12420	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	98	118		******	5	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	278	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.25	******	7.58			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	91	129		******	4	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	243	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.72	2.72		******	.08	.13			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1	1		******	50.8	50.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.003		******	******	.15			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0057	.0057		******	.29	.29			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	9	11			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	13			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.467	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.3	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.5	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	21.3			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5069	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	119	129		******	6	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	266	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.36	******	7.61			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	125	144		******	6	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	223	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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ID0025852	001-A
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DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.01	3.06		******	.1	.15			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.2	1.2		******	55.9	55.9			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0006		******	******	.03			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.29	.29			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	9	17			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	19			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.506	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.3	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87.7	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	23.2			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1397	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	116	132		******	6	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	259	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.44	******	7.61			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	63	91		******	3	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	223	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.21	1.82		******	.06	.09			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.03	1.03		******	49.4	49.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0006		******	******	.03			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.34	.34			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.09	.09		******	4.23	4.23			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	13	23			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5	20			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.468	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	97.3	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	23.7			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	836	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	103	119		******	5	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	265	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.39	******	7.75			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	51	85		******	2	4			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	226	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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External Outfall
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.09	1.32		******	.05	.06			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.97	.97		******	44.5	44.5			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0013		******	******	.06			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.34	.34			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.03	.03		******	1.39	1.39			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	8	50			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5	37			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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DMR Mailing ZIP CODE: 83854
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SPOKANE RIVER (RM 100.5)
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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	2.488	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.1	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	97.4	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	23.4			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1091	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	81	104		******	4	5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	244	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.38	******	7.67			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	52	61		******	3	3			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	245	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	.8	1.12		******	.04	.05			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.02	1.02		******	49.5	49.5			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0006		******	******	.03			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.18	.18			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.07	.07		******	3.6	3.6			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	6	30			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	15			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.506	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	19.5			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2037	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	86	105		******	4	5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	284	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.41	******	7.64			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	86	116		******	4	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	256	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
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SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.21	1.61		******	.06	.08			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.9	.9		******	46.1	46.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.24	.24			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	4			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	4			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.46	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

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PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	97.6	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	16.7			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2486	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	119	132		******	6	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	266	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.26	******	7.54			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	150	177		******	7	9			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	247	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
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ID0025852	001-A
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DMR Mailing ZIP CODE: 83854
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SPOKANE RIVER (RM 100.5)
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.78	3.7		******	.09	.18			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.02	1.02		******	47.6	47.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0019		******	******	.09			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.26	.26			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	6	8			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	6			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.496	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	13.9			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3854	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	173	209		******	8	10			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	279	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.17	******	7.5			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	215	288		******	10	13			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	246	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	4	9		******	.2	.39			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1	1		******	47.2	47.2			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.27	.27			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	124	300			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	8	202			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.603	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.1	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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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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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	13.2			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2759	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	146	165		******	7	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	276	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.27	******	7.6			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	144	165		******	7	8			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	240	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.43	2.13		******	.07	.1			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.08	1.08		******	50.8	50.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.00006		******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.11	.11			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	24	130			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	6	46			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.538	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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
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TYPED OR PRINTED					

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

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	11.1			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3062	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	162	179		******	8	9			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	279	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.28	******	7.56			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	194	214		******	9	10			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	251	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.34	3.33		******	.11	.15			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.04	1.04		******	44.8	44.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0016		******	******	.07			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.26	.26			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	20	80			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	14	76			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.578	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.4	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.5	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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

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

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OMB No. 2040-0004

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LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	12.3			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	16276	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	239	251		******	11	12			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	286	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.05	******	7.67			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	248	259		******	12	13			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	267	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	4.32	9.4		******	.2	.44			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.06	1.06		******	48	48			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0007		******	******	.03			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.011	.011		******	.51	.51			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	21	50			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	14	54			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.546	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.6	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	92.7	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	15			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	16607	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	169	217		******	8	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	292	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.53			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	169	217		******	8	11			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	264	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.99	2.21		******	.1	.12			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.27	1.27		******	62.3	62.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0008		******	******	.04			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.01	.01		******	.49	.49			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	22	170			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5	104			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.462	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.1	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.8	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94.1	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	18.5			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	18482	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	262	360		******	13	19			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	284	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.31	******	8.08			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	307	448		******	15	23			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	262	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	3.74	5.34		******	.18	.28			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.27	1.27		******	63.6	63.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0136	.0136		******	.68	.68			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	30	30			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	7	54			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.455	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.4	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	54	******	******		1	Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	20.5			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	7423	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	156	181		******	8	9			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	278	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.39	******	7.72			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	120	144		******	6	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	253	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.27	2.82		******	.11	.13			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.25	1.25		******	58.9	58.9			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.03			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.36	.36			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	6	50			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	45			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.511	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.3	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	72.9	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	23.3			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2013	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	131	170		******	6	9			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	276	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.47	******	7.64			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	92	107		******	5	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	256	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.88	2.08		******	.09	.1			Twice per Day	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.05	1.05		******	52.6	52.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.002		******	******	.1			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.32	.32			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.12	.12		******	5.9	5.9			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	21	31	220			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	24	115			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.486	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	87.9	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	23.6			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	734	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	124	139		******	6	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	279	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.69			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	70	86		******	3	4			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	247	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.62	2.07		******	.08	.1			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.28	1.28		******	61.3	61.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.31	.31			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.09	.09		******	4.35	4.35			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	20	60	240			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	15	146			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.491	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	93.5	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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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: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	22.1			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1197	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	115	148		******	6	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	275	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.47	******	7.75			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	109	149		******	5	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	252	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.96	2.54		******	.09	.11			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	238 MO AVG	856 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.29	1.29		******	58.2	58.2			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0013		******	******	.06			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.28	.28			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.09	.09		******	3.9	3.9			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	8	18	90			Three per Week	Grab
31615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	7	70			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.507	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.04 MO AVG	4.67 DAILY MX	lb/d	******	.036 MO AVG	.161 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	85.1	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	21			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1703	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	124	183		******	6	9			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	294	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.46	******	7.67			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	101	129		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	265	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.39	2.93		******	.11	.14			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.17	1.17		******	57.1	57.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.0001		******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.31	.31			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	6	8			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	19			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.478	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Weekly	24 Hour Composite
81012 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	70 MN % RMV	******	******	%		Weekly	24 Hour Composite

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	******	18			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1781	******		******	******	******	******		Continuous	Recorder (auto)
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	155	180		******	7	9			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	291	******			Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. AVERAGE	******	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.33	******	7.61			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	170	201		******	8	10			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	871 MO AVG	1306 WKLY AVG	lb/d	******	30 MO AVG	45 MAXIMUM	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	258	******			Twice per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ID0025852	001-A
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DMR Mailing ZIP CODE: 83854
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(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.57	2.79		******	.12	.13			Twice per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	737 MO AVG	2661 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.99	.99		******	50.1	50.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	2.45 MO AVG	3.34 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	.001		******	******	.04			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.34	.34			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.059 MO AVG	.11 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	6	30			Three per Week	Grab
31615 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	21			Three per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.57	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)

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DMR Mailing ZIP CODE: 83854
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(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	4.27 MO AVG	19.2 DAILY MX	lb/d	******	.147 MO AVG	.662 DAILY MX	mg/L		Twice per Day	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	tox chronic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	13	14.3			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.39	4.97	******			Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.6			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	136	136			Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	199	223		******	10	11			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	273	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.2	5.7		******	.2	.3				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	1059 MO AVG	3824 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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Form Approved
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12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
External Outfall
No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.12	2.12			Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	11.1	11.1			Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	479	528			Three per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	172	172			Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.08	.08			Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.07	1.07		******	53	53				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.003	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Lead, total recoverable	SAMPLE MEASUREMENT	.016	.016		******	.79	.79			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.54	5.54			Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	80	80			Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	4			Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.534	2.734		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	122	146		******	6	7			Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1043 MO AVG	1668 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	267	******			Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.5	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0		******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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

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ID0025852	001-A
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01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	11.7	12.4			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.97	4.35	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.6			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	144	144				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	219	297		******	11	15			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	267	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	7.6	15.7		******	.4	.7				
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	1059 MO AVG	3824 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Monthly	24 Hour Composite

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SPOKANE RIVER (RM 100.5)
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	3.65	3.65				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.6	8.6				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	475	602				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	166	166				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.03	.03				
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.15	1.15		******	46.6	47				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.02	.02			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total recoverable	SAMPLE MEASUREMENT	.0079	.0079		******	.32	.32				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.58	5.58				
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	171	171				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	4				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.52	2.968		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	108	156		******	5	7				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1043 MO AVG	1668 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

P = Seasonal Average Limit; report on October DMR. See Permit Part I.B.10, and Attachment A for averaging. V = If chlorine is used for disinfection or elsewhere in the treatment process; O = See Permit Part I.B.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	250	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0		******	******	******	******			
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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

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

P = Seasonal Average Limit; report on October DMR. See Permit Part I.B.10, and Attachment A for averaging. V = If chlorine is used for disinfection or elsewhere in the treatment process; O = See Permit Part I.B.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	12.3	12.9			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.8	4.26	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.5				
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	148	148				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	138	145		******	7	7			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	271	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 8	******		******	NODI 8	NODI 8				
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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

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

P = Seasonal Average Limit; report on October DMR. See Permit Part I.B.10, and Attachment A for averaging. V = If chlorine is used for disinfection or elsewhere in the treatment process; O = See Permit Part I.B.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.97	2.97				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	10.9	10.9				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.7	8		******	.37	.4				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.87	******				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	175	175				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03				
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.22	1.22		******	57.6	57.6				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

P = Seasonal Average Limit; report on October DMR. See Permit Part I.B.10, and Attachment A for averaging. V = If chlorine is used for disinfection or elsewhere in the treatment process; O = See Permit Part I.B.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.01	.01			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0044	.0044		******	.21	.21			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.49	5.49				
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	74	74				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	8				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.499	2.7		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

P = Seasonal Average Limit; report on October DMR. See Permit Part I.B.10, and Attachment A for averaging. V = If chlorine is used for disinfection or elsewhere in the treatment process; O = See Permit Part I.B.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	79	82		******	4	4				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	237	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94.6	******	******				
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0		******	******	******	******			
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

P = Seasonal Average Limit; report on October DMR. See Permit Part I.B.10, and Attachment A for averaging. V = If chlorine is used for disinfection or elsewhere in the treatment process; O = See Permit Part I.B.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	3.19		******	******	******	******			
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

P - For Feb-Sept. report partial seasonal average load. See Permit Part I.B.10, and Attachment A for averaging.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	9028	9028				
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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

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

R - See Permit Table 1, footnote 8 for sample timing; Part I.B.11 for details, submit congener analysis with results.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	13.3	14.5			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.06	4.34	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.6			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	143	143				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	177	212		******	9	10			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	269	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 8	******		******	NODI 8	NODI 8				
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

P = Seasonal Average Limit; report on October DMR. See Permit Part I.B.10, and Attachment A for averaging. V = If chlorine is used for disinfection or elsewhere in the treatment process; O = See Permit Part I.B.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.22	1.22				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	11.8	11.8				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	8.7	9		******	.42	.45				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.99	******				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	172	172				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03				
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.64	2.02		******	76.9	96.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

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

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

P = Seasonal Average Limit; report on October DMR. See Permit Part I.B.10, and Attachment A for averaging. V = If chlorine is used for disinfection or elsewhere in the treatment process; O = See Permit Part I.B.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.03	.03			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0069	.0069		******	.33	.33				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	10.9	10.9				
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	39	39				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5	28				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.478	2.859		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

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TYPED OR PRINTED					

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

P = Seasonal Average Limit; report on October DMR. See Permit Part I.B.10, and Attachment A for averaging. V = If chlorine is used for disinfection or elsewhere in the treatment process; O = See Permit Part I.B.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	101	108		******	5	5				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	242	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.7	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0		******	******	******	******			
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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

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

P = Seasonal Average Limit; report on October DMR. See Permit Part I.B.10, and Attachment A for averaging. V = If chlorine is used for disinfection or elsewhere in the treatment process; O = See Permit Part I.B.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	3.1		******	******	******	******			
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

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

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

P - For Feb-Sept. report partial seasonal average load. See Permit Part I.B.10, and Attachment A for averaging.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

ID0025852	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .25	< .25				
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .19	< .19				
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	.5	.5				
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	304	304				
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	108	108				
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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TYPED OR PRINTED					

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

Q = See Permit Table 1, footnote 7 for sample timing. S = See Permit Table 1, footnote 7 for sample timing; Part I.B.11 for details; submit congener analysis with results. T = See Permit Table 1, footnote 7 for sample timing, Part I.B.12 for details.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	14.8	16.4			Daily	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.02	4.58	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.7			Daily	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	136	136				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	174	250		******	9	13			Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	302	******			Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 8	******		******	NODI 8	NODI 8				
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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
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TYPED OR PRINTED					

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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.76	2.76				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	15.1	15.1				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	9.3	12		******	.46	.63				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.18	******				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	178	178				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03				
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.62	.62		******	32.4	32.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

P = Seasonal Average Limit; report on October DMR. See Permit Part I.B.10, and Attachment A for averaging. V = If chlorine is used for disinfection or elsewhere in the treatment process; O = See Permit Part I.B.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.04	.04			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0028	.0028		******	.15	.15				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.68	3.68				
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	107	107				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	17				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.444	2.652		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

P = Seasonal Average Limit; report on October DMR. See Permit Part I.B.10, and Attachment A for averaging. V = If chlorine is used for disinfection or elsewhere in the treatment process; O = See Permit Part I.B.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	101	133		******	5	7				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	261	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.1	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	93.6	******	******				
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0		******	******	******	******			
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

P = Seasonal Average Limit; report on October DMR. See Permit Part I.B.10, and Attachment A for averaging. V = If chlorine is used for disinfection or elsewhere in the treatment process; O = See Permit Part I.B.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	2.82		******	******	******	******			
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

P - For Feb-Sept. report partial seasonal average load. See Permit Part I.B.10, and Attachment A for averaging.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	8129	8129				
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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

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

R - See Permit Table 1, footnote 8 for sample timing; Part I.B.11 for details, submit congener analysis with results.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	18	20.3	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.46	4.25	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.7	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	135	135	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	120	190	lb/d	******	6	10	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	256	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.7	******	lb/d	******	.11	.14	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		07/30/2015
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)

Limits listed for Total Ammonia as N are incorrect. From Feb-Jul only reporting of monthly values and calculation of the seasonal average are required.DMR Corrected on 7-30-15 to include zinc values. Zinc parameters were not available to code in the NetDMR database at the time of original submission.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.62	1.62	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	13.8	13.8	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.7	10	lb/d	******	.33	.46	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.01	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	176	176	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.05	.05	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.04	1.04	lb/d	******	48.9	48.9	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		07/30/2015
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)

Limits listed for Total Ammonia as N are incorrect. From Feb-Jul only reporting of monthly values and calculation of the seasonal average are required.DMR Corrected on 7-30-15 to include zinc values. Zinc parameters were not available to code in the NetDMR database at the time of original submission.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0075	.0075	lb/d	******	.35	.35	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.27	3.27	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	70	70	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.469	2.647	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		07/30/2015
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)

Limits listed for Total Ammonia as N are incorrect. From Feb-Jul only reporting of monthly values and calculation of the seasonal average are required.DMR Corrected on 7-30-15 to include zinc values. Zinc parameters were not available to code in the NetDMR database at the time of original submission.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	107	140	lb/d	******	5	7	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	228	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94.2	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		07/30/2015
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)

Limits listed for Total Ammonia as N are incorrect. From Feb-Jul only reporting of monthly values and calculation of the seasonal average are required.DMR Corrected on 7-30-15 to include zinc values. Zinc parameters were not available to code in the NetDMR database at the time of original submission.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	2.7	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		06/19/2015
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)

P - For Feb-Sept. report partial seasonal average load. See Permit Part I.B.10, and Attachment A for averaging.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	21.3	23.5	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	2.56	3.5	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.5	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	133	133	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	460	906	lb/d	******	22	43	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	253	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	NODI 9				
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		07/30/2015
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)

Please see attached cover letter regarding reported phosphorus excursions.DMR Corrected on 7-30-15 to include zinc values. Zinc parameters were not available to code in the NetDMR database at the time of original submission.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.4	2.4	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	14	14	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	92.4	197	lb/d	******	4.36	9.36	mg/L	2	Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.83	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	164	164	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.36	.36	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.43	1.43	lb/d	******	65.4	65.4	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		07/30/2015
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)

Please see attached cover letter regarding reported phosphorus excursions.DMR Corrected on 7-30-15 to include zinc values. Zinc parameters were not available to code in the NetDMR database at the time of original submission.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.05	.05	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0075	.0075	lb/d	******	.34	.34	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.98	4.98	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	81.1	81.1	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	11	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.519	2.718	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

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)

Please see attached cover letter regarding reported phosphorus excursions.DMR Corrected on 7-30-15 to include zinc values. Zinc parameters were not available to code in the NetDMR database at the time of original submission.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	205	372	lb/d	******	10	18	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	235	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	36	******	******	%	1	Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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)

Please see attached cover letter regarding reported phosphorus excursions.DMR Corrected on 7-30-15 to include zinc values. Zinc parameters were not available to code in the NetDMR database at the time of original submission.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	3.53	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		07/17/2015
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)

P - For Feb-Sept. report partial seasonal average load. See Permit Part I.B.10, and Attachment A for averaging.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	12441	12441	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		07/17/2015
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)
TSS results for a split of this sample are attached.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .19	< .19	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .2	< .2	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	316	316	mg/L		Quarterly	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	113	113	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		.2/21/2015
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)

TSS results for splits of these sample are attached.12-21-15 Please see attached cover letter regarding corrections.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	23.3	23.9	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	2.54	3.05	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.5	SU		Seven per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	138	138	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	213	351	lb/d	******	10	16	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	254	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.57	5.6	lb/d	******	.17	.26	mg/L		Three per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	342 MO AVG	1230 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Three per Week	24 Hour Composite

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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)
Please see the attached cover letter regarding effluent phosphorus.

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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	NODI 9				
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.47	2.47	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	18.1	18.1	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	111	125	lb/d	******	5.29	5.91	mg/L	2	Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.81	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	178	178	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.11	.11	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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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)

Please see the attached cover letter regarding effluent phosphorus.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.68	1.68	lb/d	******	80.9	80.9	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.05	.05	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0083	.0083	lb/d	******	.4	.4	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.17	.17	lb/d	******	8.09	8.09	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.58 MO AVG	1.16 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	4000	4000	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	13	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.493	2.659	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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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)
Please see the attached cover letter regarding effluent phosphorus.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 0 See Comments	PERMIT REQUIREMENT	5.3 MO AVG	13.6 DAILY MX	lb/d	******	127 MO AVG	294 DAILY MX	ug/L		Twice per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	149	193	lb/d	******	7	9	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	223	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	8.1	******	******	%	1	Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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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)
Please see the attached cover letter regarding effluent phosphorus.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	3.53	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

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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)

P - For Feb-Sept. report partial seasonal average load. See Permit Part I.B.10, and Attachment A for averaging.

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: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	23.3	24.3	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	2.88	3.44	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	8	SU		Seven per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	149	149	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	113	147	lb/d	******	5	7	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	249	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.78	3.4	lb/d	******	.13	.16	mg/L		Three per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	342 MO AVG	1230 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
See attached cover letter.12-21-15 See attached cover letter regarding corrections.

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

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ID0025852	001-A
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MONITORING PERIOD	
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08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	NODI 9				
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.04	2.04	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	17.4	17.4	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	95.6	110	lb/d	******	4.53	5.3	mg/L	1	Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.71	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	200	200	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G Jacobson/ Mayor	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 Beacham	(208)457-3374		.2/21/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
See attached cover letter.12-21-15 See attached cover letter regarding corrections.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.34	1.34	lb/d	******	63.8	63.8	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0048	.0048	lb/d	******	.23	.23	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.1479	.1479	lb/d	******	7.06	7.06	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.58 MO AVG	1.16 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	5160	5160	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	97	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.521	2.685	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
See attached cover letter.12-21-15 See attached cover letter regarding corrections.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 0 See Comments	PERMIT REQUIREMENT	5.3 MO AVG	13.6 DAILY MX	lb/d	******	127 MO AVG	294 DAILY MX	ug/L		Twice per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	146	195	lb/d	******	7	9	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	233	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	36	******	******	%	1	Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
See attached cover letter.12-21-15 See attached cover letter regarding corrections.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	3.47	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

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)

P - For Feb-Sept. report partial seasonal average load. See Permit Part I.B.10, and Attachment A for averaging.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	6915	6915	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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)

PCB Lab Results Attached. Total congeners data should be considered in context with blank samples. Please also see the attached cover letter and solids data.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-T1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	08/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	1	toxic		Twice per Year	24 Hour Composite
TT000 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Twice per Year	24 Hour Composite

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)

Results for all tests were 1 TUc which indicates no toxicity. See attached Cover Letter, Lab Report and Cover Sheet.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	21.4	22.6	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	2.51	3.71	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	8	SU		Seven per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	138	138	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	74	105	lb/d	******	4	5	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	260	******	mg/L	1	Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.21	18.5	lb/d	******	.15	.89	mg/L		Three per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	342 MO AVG	1230 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Three per Week	24 Hour Composite

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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: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	NODI 9				
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.8	.8	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	13.8	13.8	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	44.9	69	lb/d	******	2.12	3.26	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.86	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	181	181	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.14	1.14	lb/d	******	57.3	57.3	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.01	.01	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.011	.011	lb/d	******	.55	.55	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.0647	.0647	lb/d	******	3.24	3.24	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.58 MO AVG	1.16 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	3030	3030	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.527	2.758	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		.2/21/201
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)
Please see attached cover letter.12-21-15 See attached cover letter regarding corrections.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 0 See Comments	PERMIT REQUIREMENT	5.3 MO AVG	13.6 DAILY MX	lb/d	******	127 MO AVG	294 DAILY MX	ug/L		Twice per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	96	111	lb/d	******	5	6	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	234	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	69	******	******	%	1	Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	3.4	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

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

P - For Feb-Sept. report partial seasonal average load. See Permit Part I.B.10, and Attachment A for averaging.

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

Form Approved
OMB No. 2040-0004

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NAME: POST FALLS, CITY OF
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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .53	< .53	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	379	379	mg/L		Quarterly	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	315	315	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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

PCB and TCDD Lab Results Attached. Total congeners data should be considered in context with blank samples. Please also see the attached cover letter and solids data.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	19.9	21.3	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.26	3.75	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	8	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	149	149	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	104	117	lb/d	******	5	6	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	258	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.3	******	lb/d	******	.11	.12	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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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)

O - Mass reported is the seasonal average monthly mass discharged. Concentrations are the monthly concentration values for October.

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

Form Approved
OMB No. 2040-0004

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NAME: POST FALLS, CITY OF
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.92	1.92	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	13.9	13.9	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	20	27	lb/d	******	.95	1.3	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.97	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	180	180	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.15	1.15	lb/d	******	54.9	54.9	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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MONITORING PERIOD	
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10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0061	.0061	lb/d	******	.29	.29	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2.23	2.23	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	237	237	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	< 2	7	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.51	2.745	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	84	110	lb/d	******	4	5	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	236	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.1	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	86.6	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		.1/19/201
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)

O - Mass reported is the seasonal average monthly mass discharged. Concentrations are the monthly concentration values for October.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	8664	8664	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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)

PCB Lab Results Attached. Total congeners data should be considered in context with blank samples. Please also see the attached cover letter and solids data.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	16.1	18.2	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.02	4.61	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	8	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	160	160	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	74	95	lb/d	******	3	4	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	254	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.77	4.2	lb/d	******	.08	.19	mg/L		Three per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	1059 MO AVG	3824 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Monthly	24 Hour Composite

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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.85	.85	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	12.6	12.6	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	503	708	ug/L		Three per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	200	200	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.11	.11	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.94	.94	lb/d	******	44.9	44.9	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Lead, total recoverable	SAMPLE MEASUREMENT	.0079	.0079	lb/d	******	.38	.38	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.29	4.29	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	223	223	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	< 4	74	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.575	2.81	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	63	72	lb/d	******	3	3	mg/L		Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1043 MO AVG	1668 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	214	******	mg/L		Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-T2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	6.1	toxic		Twice per Year	24 Hour Composite
TT000 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Twice per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Results are the highest TUc observed, which was for Selanastrum capicornutum (algae). Required monitoring data is summarized in the attached cover sheet.

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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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	13.4	14.5	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.39	5.01	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	8	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	159	159	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	83	84	lb/d	******	4	4	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	261	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.05	12.3	lb/d	******	.1	.58	mg/L		Three per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	1059 MO AVG	3824 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G Jacobson/ Mayor	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 Beacham	(208)457-3374		01/15/2016
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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	13	13	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	260	280	ug/L		Three per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	194	194	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.94	.94	lb/d	******	44	44	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Lead, total recoverable	SAMPLE MEASUREMENT	.0051	.0051	lb/d	******	.24	.24	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.77	3.77	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	45.8	45.8	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	11	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.567	2.849	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	63	63	lb/d	******	3	3	mg/L		Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1043 MO AVG	1668 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	245	******	mg/L		Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	8985	8985	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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)

Please see attached cover letter. PCB and TCDD results should be considered in light of associated blank levels (included in the attached reports).

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

ID0025852	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .51	< .51	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .51	< .51	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	290	290	mg/L		Quarterly	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	101	101	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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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)

Please see attached cover letter. PCB and TCDD results should be considered in light of associated blank levels (included in the attached reports).

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	11.8	12.5	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.51	5.05	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	8	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	154	154	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	161	183	lb/d	******	8	8	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	259	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.42	1.6	lb/d	******	.07	.07	mg/L		Three per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	1059 MO AVG	3824 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Monthly	24 Hour Composite

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)

Updated 3/11/16. Please see attached revision cover letter.Please see the attached cover letter and attached Surface Water Monitoring Report.

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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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.13	1.13	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	12	12	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	420	460	ug/L		Three per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	189	189	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.93	.93	lb/d	******	44.9	44.9	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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)

Updated 3/11/16. Please see attached revision cover letter.Please see the attached cover letter and attached Surface Water Monitoring Report.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Lead, total recoverable	SAMPLE MEASUREMENT	.0097	.0097	lb/d	******	.47	.47	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.49	3.49	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	29.4	29.4	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	131	#/100mL		Twice per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.586	2.777	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	91	106	lb/d	******	4	5	mg/L		Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1043 MO AVG	1668 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		03/11/2016
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)

Updated 3/11/16. Please see attached revision cover letter.Please see the attached cover letter and attached Surface Water Monitoring Report.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	237	******	mg/L		Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.1	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		03/11/2016
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)
Updated 3/11/16. Please see attached revision cover letter.Please see the attached cover letter and attached Surface Water Monitoring Report.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	12.1	12.8	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.12	4.76	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.6	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	160	160	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	129	161	lb/d	******	6	8	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	274	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.5	******	lb/d	******	.07	.09	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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)
Please see attached cover letter.DMR revised in June 2016. Please see attached revision cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.16	2.16	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	13.1	13.1	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.5	8	lb/d	******	.35	.39	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.46	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	196	196	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.98	.98	lb/d	******	47.4	47.4	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		06/23/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.04	.04	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0152	.0152	lb/d	******	.73	.73	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2.83	2.83	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	39.4	39.4	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	19	135	#/100mL		Twice per Week	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.538	2.732	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		06/23/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	91	105	lb/d	******	4	5	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	248	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.3	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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)
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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	1.5	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		03/14/2016
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)

P - For Feb-Sept. report partial seasonal average load. See Permit Part I.B.10, and Attachment A for averaging.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	6061	6061	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		03/14/2016
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)

Please see attached cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports).

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	13	13.9	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.49	4.26	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.6	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	157	157	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	122	149	lb/d	******	6	7	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	292	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.55	******	lb/d	******	.08	.11	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.01	2.01	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	13.8	13.8	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.3	8	lb/d	******	.35	.38	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.63	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	196	196	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.09	1.09	lb/d	******	54	54	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

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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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.05	.05	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0012	.0012	lb/d	******	.06	.06	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.56	4.56	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	352	352	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	18	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.498	2.736	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.7	1.7	lb/d	******	85	85	ug/L		Daily	Grab
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	81	96	lb/d	******	4	5	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	244	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.4	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	8	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	1.55	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

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)

P - For Feb-Sept. report partial seasonal average load. See Permit Part I.B.10, and Attachment A for averaging.

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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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .77	< .77	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .51	< .51	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	360	360	mg/L		Quarterly	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	57	57	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attached cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports).

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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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	15.7	17.2	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.65	4.15	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.6	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	161	161	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	159	181	lb/d	******	8	9	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	277	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.54	******	lb/d	******	.07	.09	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		05/20/2016
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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.46	1.46	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	15.5	15.5	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	10	11	lb/d	******	.48	.55	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	8	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	192	192	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.2	1.2	lb/d	******	56.6	56.6	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		05/20/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.04	.04	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0081	.0081	lb/d	******	.38	.38	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.55	4.55	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	58.4	58.4	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	7	111	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.497	2.772	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	92	103	lb/d	******	5	5	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	237	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	1.54	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

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)

P - For Feb-Sept. report partial seasonal average load. See Permit Part I.B.10, and Attachment A for averaging.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	8830	8830	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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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)

Please see attached cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports).

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	18.2	19.1	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.35	3.87	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.6	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	143	143	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	125	147	lb/d	******	6	7	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	228	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.63	******	lb/d	******	.09	.11	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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)

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.99	.99	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	12.5	12.5	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	8.3	9	lb/d	******	.39	.43	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.72	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	185	185	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.21	1.21	lb/d	******	58.1	58.1	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0085	.0085	lb/d	******	.41	.41	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.27	4.27	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	47.1	47.1	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	3	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.534	2.816	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		06/17/2016
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)
Please see the attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	91	103	lb/d	******	4	5	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	226	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		06/17/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	1.63	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		06/17/2016
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P - For Feb-Sept. report partial seasonal average load. See Permit Part I.B.10, and Attachment A for averaging.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	20	21.8	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	2.58	3.61	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.6	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	142	142	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	139	170	lb/d	******	7	8	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	268	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.85	******	lb/d	******	.13	.22	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.43	1.43	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	17.6	17.6	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.9	12	lb/d	******	.37	.53	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.5	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	187	187	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.47	1.47	lb/d	******	63	63	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.003	.003	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007	lb/d	******	.3	.3	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.29	4.29	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	196	196	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	19	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.552	2.797	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	97	148	lb/d	******	5	7	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	241	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.1	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	1.85	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		07/20/2016
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)

P - For Feb-Sept. report partial seasonal average load. See Permit Part I.B.10, and Attachment A for averaging.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	8531	8531	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		07/20/2016
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)

Please see attached cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports).

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .52	< .52	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .53	< .53	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	330	330	mg/L		Quarterly	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	130	130	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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)

Please see attached cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports).

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	21.9	23.6	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.52	3.81	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.6	SU		Seven per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	140	140	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	84	165	lb/d	******	4	8	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	257	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.25	3.2	lb/d	******	.1	.15	mg/L		Three per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	342 MO AVG	1230 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Three per Week	24 Hour Composite

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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.91	******	lb/d	******	.1	.15	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.73	1.73	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	14.3	14.3	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.4	8	lb/d	******	.25	.35	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.9	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	185	185	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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)

Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.1	1.1	lb/d	******	49.2	49.2	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0049	.0049	lb/d	******	.22	.22	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.063	.063	lb/d	******	2.82	2.82	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.58 MO AVG	1.16 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	101	101	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	2	#/100mL		Eight per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.552	2.715	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 0 See Comments	PERMIT REQUIREMENT	5.3 MO AVG	13.6 DAILY MX	lb/d	******	127 MO AVG	294 DAILY MX	ug/L		Twice per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	66	116	lb/d	******	3	6	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	233	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.8	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	1.91	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	22.7	23.6	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.52	3.99	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.7	SU		Seven per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	145	145	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	47	59	lb/d	******	2	3	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	253	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.06	2.5	lb/d	******	.01	.11	mg/L		Three per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	342 MO AVG	1230 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		09/19/2016
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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.93	******	lb/d	******	.01	.11	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.44	1.44	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	14.7	14.7	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.7	4.9	lb/d	******	.22	.23	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.09	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	179	179	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .001	< .001	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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)

Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1	1	lb/d	******	43.4	43.4	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.06	.06	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0069	.0069	lb/d	******	.3	.3	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.084	.084	lb/d	******	3.63	3.63	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.58 MO AVG	1.16 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	50.8	50.8	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	6	96	#/100mL		Nine per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.575	2.775	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 0 See Comments	PERMIT REQUIREMENT	5.3 MO AVG	13.6 DAILY MX	lb/d	******	127 MO AVG	294 DAILY MX	ug/L		Twice per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	68	85	lb/d	******	3	4	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	230	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.9	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

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

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	1.93	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		09/19/2016
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)

Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	9128	9128	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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)

Please see attached cover letter. PCB results should be considered in light of associated blank levels (included in the attached report).

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-T1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	08/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	4.02	toxic		Twice per Year	24 Hour Composite
TT000 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Twice per Year	24 Hour Composite

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)
Please see the attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	21.3	22.6	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.57	4.27	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.6	SU		Seven per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	150	150	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	46	47	lb/d	******	2	2	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	253	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.31	1.5	lb/d	******	.06	.07	mg/L		Three per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	342 MO AVG	1230 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Three per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	1.86	******	lb/d	******	.06	.07	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.78	.78	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	15.4	15.4	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.5	5.2	lb/d	******	.2	.25	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.29	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	191	191	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		.0/13/201
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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.89	.89	lb/d	******	38.1	38.1	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0051	.0051	lb/d	******	.22	.22	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.0762	.0762	lb/d	******	3.26	3.26	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.58 MO AVG	1.16 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	76.7	76.7	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	12	77	#/100mL		Eight per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.587	2.809	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 0 See Comments	PERMIT REQUIREMENT	5.3 MO AVG	13.6 DAILY MX	lb/d	******	127 MO AVG	294 DAILY MX	ug/L		Twice per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	51	69	lb/d	******	2	3	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	218	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	1.86	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

ID0025852	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	09/30/2016

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MAJOR $
(SUBR 01)
Spokane River
External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .52	< .52	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	354	354	mg/L		Quarterly	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	7	7	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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

Please see attached cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports).

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
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SPOKANE RIVER (RM 100.5)
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	******	******	******	******	18.8	21.2	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.68	4.21	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.6	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	152	152	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	73	102	lb/d	******	3	5	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	272	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.15	******	lb/d	******	.21	1.85	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.15	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	255 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	14.5	14.5	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.8	5.7	lb/d	******	.22	.26	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.38	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	202	202	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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10/01/2016	10/31/2016

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SPOKANE RIVER (RM 100.5)
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.29	.29	lb/d	******	12.2	12.2	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	< .0007	< .0007	lb/d	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	1.4	1.4	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	56.7	56.7	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	22	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.644	3.044	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		.1/16/201
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)
Please see the attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	60	102	lb/d	******	3	5	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	228	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	9255	9255	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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)

Please see attached cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports).

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	16.5	17.6	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	2.6	4.07	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.6	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	131	131	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	93	756	lb/d	******	4	36	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	245	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.52	2.4	lb/d	******	.07	.11	mg/L		Three per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	1059 MO AVG	3824 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Monthly	24 Hour Composite

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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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	12	12	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	240	290	ug/L		Three per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	181	181	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.93	.93	lb/d	******	44.1	44.1	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.01	.01	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Lead, total recoverable	SAMPLE MEASUREMENT	.0032	.0032	lb/d	******	.15	.15	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	8.69	8.69	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	61.5	61.5	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	14	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.58	3.048	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	58	77	lb/d	******	3	4	mg/L		Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1043 MO AVG	1668 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	226	******	mg/L		Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-T2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	1	toxic		Twice per Year	24 Hour Composite
TT000 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Twice per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		.2/20/201
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)
Please see attached cover letter

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	12.8	14.8	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.03	4.71	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.5	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	145	145	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	128	189	lb/d	******	6	9	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	236	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.61	3.3	lb/d	******	.07	.15	mg/L		Three per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	1059 MO AVG	3824 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.6	.6	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	14.6	14.6	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	310	350	ug/L		Three per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	181	181	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.19	1.19	lb/d	******	54.1	54.1	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Lead, total recoverable	SAMPLE MEASUREMENT	< .0221	< .0221	lb/d	******	< 1	< 1	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.25	3.25	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	43.6	43.6	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	87	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.675	3.119	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	80	102	lb/d	******	4	5	mg/L		Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1043 MO AVG	1668 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	218	******	mg/L		Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	5609	5609	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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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)

Please see attached cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports).

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .55	< .55	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .51	< .51	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	329	329	mg/L		Quarterly	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	140	140	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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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)

Please see attached cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports).Influent 2,3,7,8-TCDD result reported by lab as K-flagged value, defined as, "peak detected but did not meet quantification criteria." Result reported as non-detect per City's QAPP.

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

Form Approved
OMB No. 2040-0004

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LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	10.9	11.9	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.95	4.39	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.5	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	128	128	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	260	313	lb/d	******	11	13	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	234	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.98	5.4	lb/d	******	.13	.22	mg/L		Three per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	1059 MO AVG	3824 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Monthly	24 Hour Composite

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

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	13.5	13.5	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	430	480	ug/L		Three per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	167	167	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.06	1.06	lb/d	******	45.4	45.4	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		03/17/2017
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)
Please see the attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
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01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
External Outfall
No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total recoverable	SAMPLE MEASUREMENT	.0061	.0061	lb/d	******	.26	.26	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.88	3.88	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	23.3	23.3	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	20	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.767	3.076	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	121	132	lb/d	******	5	6	mg/L		Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1043 MO AVG	1668 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite

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Form Approved
OMB No. 2040-0004

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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	225	******	mg/L		Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	10.4	11	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.45	4.35	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	153	153	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	143	196	lb/d	******	6	9	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	246	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.31	******	lb/d	******	.1	.22	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.19	1.19	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	9.8	9.8	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.5	9.4	lb/d	******	.33	.41	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.91	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	191	191	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.16	1.16	lb/d	******	45.5	45.5	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0064	.0064	lb/d	******	.25	.25	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2.89	2.89	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	45.6	45.6	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	6	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.788	3.535	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

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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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	90	121	lb/d	******	4	5	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	236	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.2	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		03/17/2017
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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	2.31	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

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)
Please see the associated cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	7888.81	7888.81	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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)

Please see associated cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports).

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	11.7	12.8	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.9	4.64	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	130	130	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	158	161	lb/d	******	7	7	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	255	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.02	******	lb/d	******	.09	.2	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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)

Please see the attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< .05	< .05	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	14.2	14.2	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.8	9	lb/d	******	.35	.4	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.15	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	164	164	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.19	1.19	lb/d	******	50.3	50.3	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0069	.0069	lb/d	******	.29	.29	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.94	3.94	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	191	191	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	11	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.656	2.984	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	ug/L		Twice per Day	Grab
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

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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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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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	84	92	lb/d	******	4	4	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	259	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.1	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	.26	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	2.16	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see the cover letter attached to this months main DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .51	< .51	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .51	< .51	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	1.6	1.6	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	364	364	mg/L		Quarterly	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	15.13	15.13	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		04/20/2017
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)

Please see attached cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports). Influent 2,3,7,8-TCDD result reported by lab as K-flagged value, defined as, "peak detected but did not meet quantification criteria." Result reported as non-detect per City's QAPP.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	13.6	14.5	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.63	4.56	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.7	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	163	163	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	197	231	lb/d	******	9	11	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	276	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	4.04	******	lb/d	******	.18	.91	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		05/12/2017
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)
Please see the attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	12.7	12.7	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	12.2	21.6	lb/d	******	.54	.89	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.06	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	206	206	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.79	1.79	lb/d	******	74.7	74.7	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.07	.07	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0137	.0137	lb/d	******	.57	.57	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.3	4.3	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	29.8	29.8	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	17	214	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.6	3.067	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.57	7.58	lb/d	******	30	370	ug/L		Twice per Day	Grab
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

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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)
Please see the attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	93	111	lb/d	******	4	5	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	239	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	92.4	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	88	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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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)
Please see the attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	2.79	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

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)
Please see the cover letter attached to this month's DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	9380.36	9380.36	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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)

Please see associated cover letter. PCB results should be considered in light of associated blank levels (included in the attached report).

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	16.6	19.1	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.13	4.89	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.6	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	137	137	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	124	153	lb/d	******	6	7	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	226	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.74	******	lb/d	******	.07	.1	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.97	1.97	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	12.7	12.7	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.7	8.2	lb/d	******	.3	.38	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.98	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	176	176	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.63	1.63	lb/d	******	74.1	74.1	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		06/14/2017
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)
Please see the attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .003	< .003	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	< .0007	< .0007	lb/d	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	6.61	6.61	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	99.6	99.6	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	8	159	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.609	2.878	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.51	.93	lb/d	******	23	40	ug/L		Daily	Grab
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

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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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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	97	103	lb/d	******	4	5	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	224	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.6	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	.419	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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)
Please see the attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	2.74	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		06/14/2017
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)
Please see the cover letter attached to this month's DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	19.6	21.2	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.11	4.52	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.6	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	133	133	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	88	100	lb/d	******	4	5	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	270	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.35	******	lb/d	******	.09	.1	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	3.35	3.35	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	12.7	12.7	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5	5.9	lb/d	******	.22	.27	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.76	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	167	167	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.91	1.91	lb/d	******	76.7	76.7	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .003	< .003	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	< .0001	< .0001	lb/d	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.28	5.28	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	47.6	47.6	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	53	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.635	2.982	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.55	1.19	lb/d	******	25	55	ug/L		Daily	Grab
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	118	158	lb/d	******	5	7	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	226	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97.6	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	96.7	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	.55	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		07/19/2017
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)
Please see the attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	2.35	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

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)
Please see the cover letter attached to this month's DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	4177.24	4177.24	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		07/19/2017
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)

Please see associated cover letter. PCB results should be considered in light of associated blank levels (included in the attached report).

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

ID0025852	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .52	< .52	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .52	< .52	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	376	376	mg/L		Quarterly	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	43.549	43.549	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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)

Please see attached cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports). Influent 2,3,7,8-TCDD result reported by lab as K-flagged value, defined as, "peak detected but did not meet quantification criteria." Result reported as non-detect per City's QAPP.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	22.5	23.3	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.82	4.7	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.5	SU		Seven per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	138	139	mg/L		Twice per Month	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	110	136	lb/d	******	5	6	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	245	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.25	3.3	lb/d	******	.1	.15	mg/L		Three per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	342 MO AVG	1230 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Three per Week	24 Hour Composite

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)
Please see the attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.33	******	lb/d	******	.1	.15	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.91	1.31	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	16	17.3	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	34.3	79.5	lb/d	******	1.52	3.55	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.75	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	185.5	188	mg/L		Twice per Month	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.06	.09	ug/L		Twice per Month	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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)

Please see the attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.7	1.89	lb/d	******	74.1	77.9	ug/L		Twice per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.018	.033	ug/L		Twice per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0023	.004	lb/d	******	.098	.165	ug/L		Twice per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.1165	.1229	lb/d	******	5.13	5.72	ug/L		Twice per Month	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.58 MO AVG	1.16 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	1073	1820	ug/L		Twice per Month	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	15	207	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.673	2.908	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see the attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.68	1.02	lb/d	******	30	45	ug/L		Twice per Day	Grab
50060 V 0 See Comments	PERMIT REQUIREMENT	5.3 MO AVG	13.6 DAILY MX	lb/d	******	127 MO AVG	294 DAILY MX	ug/L		Twice per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	121	159	lb/d	******	5	7	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	242	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	77.7	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	.42	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		08/18/2017
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)
Please see the attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	2.54	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		08/18/2017
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)
Please see the cover letter attached to this month's DMR.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	23.4	23.9	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.76	4.42	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.5	SU		Seven per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	143	143	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	93	134	lb/d	******	4	6	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	267	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.64	2.8	lb/d	******	.07	.12	mg/L		Three per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	342 MO AVG	1230 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Three per Week	24 Hour Composite

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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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.22	******	lb/d	******	.07	.12	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< .05	< .05	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	12.7	12.7	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	19.7	33.7	lb/d	******	.89	1.53	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.5	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	192	192	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.51	1.51	lb/d	******	69.6	69.6	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.003	.003	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	< .0006	< .0006	lb/d	******	< .003	< .003	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.1157	.1157	lb/d	******	5.34	5.34	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.58 MO AVG	1.16 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	1430	1430	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	8	69	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.656	2.999	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.78	1.56	lb/d	******	35	70	ug/L		Twice per Day	Grab
50060 V 0 See Comments	PERMIT REQUIREMENT	5.3 MO AVG	13.6 DAILY MX	lb/d	******	127 MO AVG	294 DAILY MX	ug/L		Twice per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	114	161	lb/d	******	5	7	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	215	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97.4	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	86.6	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	.53	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	2.22	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

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)

Please see associated cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	6550.11	6550.11	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see associated cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports).

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-T1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	08/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	1	toxic		Twice per Year	24 Hour Composite
TT000 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Twice per Year	24 Hour Composite

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)
Please see the associated cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	21.9	23.3	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.06	4.37	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.7	SU		Seven per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	169	169	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	125	212	lb/d	******	6	10	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	260	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.98	4.3	lb/d	******	.09	.19	mg/L		Three per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	342 MO AVG	1230 DAILY MX	lb/d	******	8.2 MO AVG	29.5 DAILY MX	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		.0/17/201
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)
Please see attached cover letter

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.19	******	lb/d	******	.09	.19	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	14.4	14.4	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	10.8	23.2	lb/d	******	.47	1.02	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.66	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	205	205	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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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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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.16	1.16	lb/d	******	50.6	50.6	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.003	.003	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	< .0007	< .0007	lb/d	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	.0732	.0732	lb/d	******	3.2	3.2	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.58 MO AVG	1.16 DAILY MX	lb/d	******	13.8 MO AVG	27.7 DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	161	161	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	7	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.67	3.04	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.64	1.2	lb/d	******	29	55	ug/L		Twice per Day	Grab
50060 V 0 See Comments	PERMIT REQUIREMENT	5.3 MO AVG	13.6 DAILY MX	lb/d	******	127 MO AVG	294 DAILY MX	ug/L		Twice per Day	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	109	189	lb/d	******	5	9	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	226	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	10.5	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	2.2	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

ID0025852	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .622	< .622	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .523	< .523	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	385	385	mg/L		Quarterly	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	250.3	250.3	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see associated cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports).

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: CITY HALL, 408 SPOKANE STREET
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
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10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	18.7	20.5	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.91	4.7	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.6	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	181	181	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	106	152	lb/d	******	5	7	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	251	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.1	******	lb/d	******	.09	.52	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attached cover letter.12/28/17: Please see attached cover letter explaining corrections.

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

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ADDRESS: CITY HALL, 408 SPOKANE STREET
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ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, ammonia total [as N]	SAMPLE MEASUREMENT	2.18	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	255 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	14.1	14.1	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	10.5	14.4	lb/d	******	.46	.64	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.8	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	221	221	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		.2/28/201
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)
Please see attached cover letter.12/28/17: Please see attached cover letter explaining corrections.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.1	1.1	lb/d	******	50.1	50.1	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0048	.0048	lb/d	******	.217	.217	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.096	.096	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	753	753	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	89	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.664	2.983	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.64	.76	lb/d	******	29	35	ug/L		Daily	Grab
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	80	99	lb/d	******	4	5	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	229	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.1	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	93.2	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	6062	6062	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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)

Please associated cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports.)

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	15.4	16.9	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.37	5.11	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.6	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	140	140	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	123	135	lb/d	******	6	6	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	250	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.5	2.3	lb/d	******	.07	.1	mg/L		Three per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	1059 MO AVG	3824 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	10.1	10.1	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.28	.31	ug/L		Three per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	177	177	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .066	< .066	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.02	1.02	lb/d	******	45.8	45.8	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .063	< .063	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Lead, total recoverable	SAMPLE MEASUREMENT	.0044	.0044	lb/d	******	.199	.199	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.11	5.11	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	49.1	49.1	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	4	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.679	2.81	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	88	104	lb/d	******	4	5	mg/L		Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1043 MO AVG	1668 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	222	******	mg/L		Three per Week	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		.2/20/201
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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-T2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	1	toxic		Twice per Year	24 Hour Composite
TT000 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Twice per Year	24 Hour Composite

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)
Please see the associated cover letter and attached documents.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	12.7	14.7	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	2.46	5.05	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.5	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	158	158	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	133	187	lb/d	******	6	8	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	257	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.18	1.6	lb/d	******	.05	.07	mg/L		Three per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	1059 MO AVG	3824 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< .05	< .05	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	10.7	10.7	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.27	.32	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	192	192	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.38	1.38	lb/d	******	59.4	59.4	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.003	.003	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Lead, total recoverable	SAMPLE MEASUREMENT	< .0007	< .0007	lb/d	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.02	3.02	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	29	29	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	262	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.702	3.13	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	104	133	lb/d	******	5	6	mg/L		Three per Week	Grab
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1043 MO AVG	1668 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite

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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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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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	235	******	mg/L		Three per Week	Grab
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Five per Week	Grab
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******	%		Monthly	24 Hour Composite
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Weekly	24 Hour Composite
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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

Form Approved
OMB No. 2040-0004

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NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	7350	7350	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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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)

Please see associated cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports).

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

ID0025852	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .53	< .53	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .51	< .51	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	385	385	mg/L		Quarterly	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	73	73	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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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: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	11.5	12.6	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.24	4.76	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.5	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	145	145	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	173	188	lb/d	******	8	8	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	256	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.48	1.8	lb/d	******	.06	.08	mg/L		Three per Week	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	1059 MO AVG	3824 DAILY MX	lb/d	******	25.4 MO AVG	91.7 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		02/16/2018
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)
Please see the attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
External Outfall
No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.93	1.93	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.7	8.7	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.36	.4	ug/L		Three per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. WKLY AVG	ug/L		Weekly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	177	177	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .003	< .003	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.31	1.31	lb/d	******	56.6	56.6	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .003	< .003	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Lead, total recoverable	SAMPLE MEASUREMENT	< .0001	< .0001	lb/d	******	< .003	< .003	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.21	4.21	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	48.7	48.7	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	7	209	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.748	3.006	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	116	135	lb/d	******	5	6	mg/L		Three per Week	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1043 MO AVG	1668 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	232	******	mg/L		Three per 5 Days	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	11.2	13.6	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.44	4.72	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.5	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	165	165	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	258	315	lb/d	******	11	14	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	276	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.08	******	lb/d	******	.09	.16	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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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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DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.4	1.4	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	10.2	10.2	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	10.5	10.9	lb/d	******	.45	.48	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.12	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	193	193	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .003	< .003	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.42	1.42	lb/d	******	64.3	64.3	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
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DMR Mailing ZIP CODE: 83854
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SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.093	.093	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007	lb/d	******	.317	.317	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.56	5.56	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	65.1	65.1	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	63	354	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.725	2.964	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.27	5.01	lb/d	******	54	215	ug/L		Daily	Grab
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		03/19/2018
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)
Please see attached cover letter

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	167	208	lb/d	******	7	9	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	221	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	96.7	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	93.6	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	204	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		03/19/2018
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)
Please see attached cover letter

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	2.08	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		03/19/2018
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)
Please see the associated cover letter

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	5975	5975	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		03/19/2018
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)

Please see associated cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports).

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	11.7	12.7	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.51	4.03	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.5	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	156	156	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	192	321	lb/d	******	9	14	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	260	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.22	******	lb/d	******	.1	.14	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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)
Please see cover letter

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.47	2.47	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.8	7.8	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	8.3	12.7	lb/d	******	.37	.54	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.28	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	183	183	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.29	1.29	lb/d	******	59	59	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .003	< .003	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	< .0007	< .0007	lb/d	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.93	4.93	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	67.2	67.2	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5	126	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.644	2.877	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	ug/L		Daily	Grab
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		04/20/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
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ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	137	191	lb/d	******	6	8	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	250	******	mg/L		Three per 12 Hours	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	94.9	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		04/20/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	2.22	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ronald G. Jacobson/ Mayor	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 Beacham	(208)457-3374		04/20/2018
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)
Please see the associated cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .52	< .52	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .53	< .53	pg/L		Quarterly	24 Hour Composite
03556 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	1.4	1.4	mg/L		Quarterly	Grab
03582 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	495	495	mg/L		Quarterly	24 Hour Composite
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	57	57	pg/L		Quarterly	24 Hour Composite
79819 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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)

Please see associated cover letter. PCB results should be considered in light of associated blank levels (included in the attached reports).

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******	13.4	15.4	deg C		Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.52	4.12	******	mg/L		Seven per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.6	SU		Seven per Week	Grab
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	161	161	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	173	195	lb/d	******	8	9	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	264	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.18	******	lb/d	******	.09	.11	mg/L		Three per Week	24 Hour Composite
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.1	1.1	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	11	11	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.9	9.7	lb/d	******	.34	.42	mg/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.36	******	mg/L		Three per Week	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	193	193	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	1.2	1.2	lb/d	******	55.4	55.4	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

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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)
Please see attached cover letter.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .003	< .003	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	< .0006	< .0006	lb/d	******	< .03	< .03	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.58	5.58	ug/L		Monthly	24 Hour Composite
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	46.4	46.4	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	31	172	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.725	3.038	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

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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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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	118	133	lb/d	******	5	6	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	242	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.1	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******	95.4	******	******	%		Monthly	Calculated
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******	0	lb/d	******	******	******	******		Daily	Measured
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	2.18	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
See associated cover letter

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854

ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River Bi-monthly reporting
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	5952	5952	pg/L		Once per 2 Months	24 Hour Composite
79819 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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	******	******	******	******						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******			******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.3 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******						
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******		******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		******		******						
00610 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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

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

P = Seasonal Average Limit; report on October DMR. See Permit Part I.B.10, and Attachment A for averaging. V = If chlorine is used for disinfection or elsewhere in the treatment process; O = See Permit Part I.B.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	68.5 MO AVG	110 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******		******				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******						
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	3.52 MO AVG	4.8 DAILY MX	lb/d	******	84.3 MO AVG	115 DAILY MX	ug/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

P = Seasonal Average Limit; report on October DMR. See Permit Part I.B.10, and Attachment A for averaging. V = If chlorine is used for disinfection or elsewhere in the treatment process; O = See Permit Part I.B.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.0855 MO AVG	.158 DAILY MX	lb/d	******	2.05 MO AVG	3.79 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01119 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******						
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******						
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 DAILY MX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 V 1 See Comments	PERMIT REQUIREMENT	10.2 MO AVG	23.6 DAILY MX	lb/d	******	244 MO AVG	565 DAILY MX	ug/L		Daily	Grab

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

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

P = Seasonal Average Limit; report on October DMR. See Permit Part I.B.10, and Attachment A for averaging. V = If chlorine is used for disinfection or elsewhere in the treatment process; O = See Permit Part I.B.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

ID0025852	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
SPOKANE RIVER (RM 100.5)
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT				******						
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	726 AVERAGE	1161 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******		******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Phosphorus, total percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81012 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	70 MO AV MN	******	******	%		Monthly	Calculated
Chlorine usage	SAMPLE MEASUREMENT	******			******	******	******	******			
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	******	******		Daily	Measured

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

P = Seasonal Average Limit; report on October DMR. See Permit Part I.B.10, and Attachment A for averaging. V = If chlorine is used for disinfection or elsewhere in the treatment process; O = See Permit Part I.B.

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: POST FALLS, CITY OF
ADDRESS: CITY HALL, 408 SPOKANE STREET
POST FALLS, ID 83854
FACILITY: CITY OF POST FALLS WATER RECLAMATION FACILITY
LOCATION: 2002 WEST SELTICE WAY
POST FALLS, ID 83854
ATTN: JOHN BEACHAM

PERMIT NUMBER	DISCHARGE NUMBER
ID0025852	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83854
MAJOR $
(SUBR 01)
Spokane River
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, ammonia total [as N]	SAMPLE MEASUREMENT	******			******	******	******	******			
00610 P 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three Days per Week	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

P - For Feb-Sept. report partial seasonal average load. See Permit Part I.B.10, and Attachment A for averaging.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/1999	12/31/1999

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/1999	12/31/1999

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******		******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/1999	12/31/1999

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2000	01/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2000	01/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******		******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2000	01/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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			
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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2000	02/29/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2000	02/29/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******		******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2000	02/29/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2000	03/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2000	03/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******		******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2000	03/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2000	04/30/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2000	04/30/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******		******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2000	04/30/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2000	05/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2000	05/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******							
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******		******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2000	05/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2000	06/30/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
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ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2000	06/30/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******							
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******		******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2000	06/30/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2000	07/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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
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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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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2000	07/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******							
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******		******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2000	07/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2000	08/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2000	08/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******							
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******		******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2000	08/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2000	09/30/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 10789 NORTH ATLAS ROAD
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
09/01/2000	09/30/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******							
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******		******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2000	09/30/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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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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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2000	10/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	19	29		******	3	4			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.2	******	7			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	64	93		******	9	14			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.5	.5		******	71	69			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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10/01/2000	10/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.6			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.3	.3			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.86	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******		******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2000	10/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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OMB No. 2040-0004

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ID0026590	001-A
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11/01/2000	11/30/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	41	52		******	6	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.2	******	6.8			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	29	38		******	4	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.5	.5		******	69	69			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.077			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.421	.421			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.84	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******		******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	106	285		******	15	40			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6	******	6.8			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	221	537		******	30	72		1	Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.7	.98		******	100.75	127		3	Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2000	12/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.07			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.78	.78		1	Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.84	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******		******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2000	12/31/2000

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2001	01/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	131	159		******	19	24			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	5.4	******	8.5		2	Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	141	220		******	21	33			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.5	.5		******	71.7	71.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2001	01/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.19			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.89	.89			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.83	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******		******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2001	01/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2001	02/28/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	93	141		******	14	22			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.3	******	7.1			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	101	131		******	15	20			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.83	1.06		******	115	131		3	Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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02/01/2001	02/28/2001

DMR Mailing ZIP CODE: 83835
MAJOR
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.322			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.01	.01		******	1.53	1.53			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******						
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.85	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******		******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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HAYDEN, ID 83835
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2001	03/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	122	156		******	16	21			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	156	230		******	21	32			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.73	3.3		******	.23	.45			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.85	1.02		******	115	137		2	Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2001	03/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.132			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.02	.02		******	1.94	1.94			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	22	1600		3	Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.9	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.16	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******					
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2001	03/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2001	04/30/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******		******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT		******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	59	80		******	8	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.2	******	6.9			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	39	56		******	5	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.17	7.15		******	.27	.84			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.61	.61		******	84.8	84.8			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2001	04/30/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.188			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.01	.01		******	.73	.73			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	1600		1	Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.95	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.25	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2001	04/30/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2001	05/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	15.9	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	10890	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	60	83		******	7	10			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	43	48		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.04	1.88		******	.13	.24			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.7	.78		******	90.3	99		1	Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2001	05/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.12			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.01	.01		******	1.22	1.59			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	3	50			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.98	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.16	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2001	05/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2001	06/30/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	17.7	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3387	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	49	84		******	6	10			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.1	******	6.8			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	53	80		******	7	10			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.95	1.69		******	.12	.22			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.78	.78		******	109	109		1	Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2001	06/30/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.131			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.01	.01		******	1.11	1.11			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	17	4	50			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.95	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.24	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Twice per Week	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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ATTN: KEN WINDRAM, ADMINISTRATOR

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ID0026590	001-A

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06/01/2001	06/30/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Twice per Week	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAYDEN, ID 83835
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ID0026590	001-A
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07/01/2001	07/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
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07/01/2001	07/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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08/01/2001	08/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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MM/DD/YYYY	MM/DD/YYYY
08/01/2001	08/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2001	08/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2001	09/30/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2001	09/30/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2001	09/30/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2001	10/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	16.3	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2082	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	56	77		******	8	10			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	37	40		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	6.07	10.52		******	.81	1.41			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.69	.69		******	89.1	89.1		1	Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2001	10/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.062			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.613	.613			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	18	80			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.893	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.38	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2001	10/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2001	11/30/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	14.4	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2370	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	40	48		******	6	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.5			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	32	46		******	4	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	102.35	246.21		******	13.9	29.88			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.69	.77		******	97.5	114		1	Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2001	11/30/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.112			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.654	.654			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	9	30			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.865	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.32	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

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MM/DD/YYYY	MM/DD/YYYY
11/01/2001	11/30/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2001	12/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.7	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	4318	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	107	237		******	14	29			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.6			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	91	212		******	11	26			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	172	240		******	22.48	30.85			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.38	.38		******	51.4	51.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2001	12/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.039			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.03	.03		******	.622	.622			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	4	13			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.924	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.35	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	100			Twice per Year	24 Hour Composite
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2001	12/31/2001

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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ID0026590	001-A
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01/01/2002	01/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.7	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5788	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	49	62		******	7	9			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	31	40		******	4	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	178	205		******	24.6	27.03			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.39	.47		******	57.3	70			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.116			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.09	.09		******	1.2	1.2			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	2			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.896	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.25	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2002	01/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2002	02/28/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	11.7	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5336	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	90	118		******	12	16			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.5			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	36	52		******	5	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	129	192		******	17.05	24.89			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.49	.59		******	63.3	80			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2002	02/28/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI E	NODI E		******	NODI E	NODI E				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	2			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.92	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.17	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2002	02/28/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2002	03/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	11.8	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6897	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	98	150		******	12	18			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.5			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	51	59		******	6	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	107	180		******	13.22	21.37			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.5	.61		******	61.5	76			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2002	03/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.12			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.03	.03		******	.69	.69			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	2			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.95	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.37	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2002	03/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2002	04/30/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	14.7	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	17470	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	119	173		******	15	21			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.7			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	79	140		******	10	17			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	222	324		******	27.34	38.49			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.54	.74		******	64.9	89			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2002	04/30/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.138			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.01	.01		******	1.11	1.11			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	4			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.954	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.26	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2002	04/30/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2002	05/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	16.5	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	17947	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	84	117		******	11	16			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	39	52		******	5	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	136	244		******	17.6	29.83			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.38	.52		******	51.3	71			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2002	05/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.04			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.68	.73			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	8	30			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.891	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.22	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2002	05/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2002	06/30/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	17.7	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	22763	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	103	110		******	14	15			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	47	50		******	6	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	66	127		******	8.58	16.34			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.38	.43		******	50.8	58.6			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2002	06/30/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.044			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.9	.9			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	10	22			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.892	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.08	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2002	06/30/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2002	07/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	20.2	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	4947	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	104	154		******	13	19			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.3			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	50	73		******	8	9			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	159	253		******	20.21	30.42			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	3.9	7.26		******	416	766		1	Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2002	07/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.107			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.88	.88			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	13	16	29			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.94	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.25	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2002	07/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2002	08/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2002	08/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2002	08/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2002	09/30/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2002	09/30/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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
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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2002	09/30/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2002	10/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	17.3	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2138	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	58	82		******	8	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	40	56		******	5	8			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	99	149		******	13.06	18.24			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.39	.39		******	50.5	50.5			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2002	10/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.04			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.01	.01		******	.81	.81			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	9	170			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.896	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.35	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2002	10/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2002	11/30/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	14.6	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1516	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	69	106		******	9	14			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.3			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	51	92		******	7	12			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	79	114		******	10.29	14.27			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.23	.23		******	29.7	29.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2002	11/30/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.034			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.68	.68			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	13	300			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.94	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.12	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2002	11/30/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2002	12/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13.4	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2151	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	121	232		******	15	28			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.3			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	81	143		******	10	17			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	118	186		******	14.73	23.23			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.33	.332		******	45.3	45.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2002	12/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.051			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.84	.84			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	13	500			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.98	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.28	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	4			Twice per Year	24 Hour Composite
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2002	12/31/2002

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2003	01/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3738	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	92	128		******	12	18			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.3			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	86	119		******	11	15			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	59	115		******	7.18	12.52			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.41	.41		******	50.7	50.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2003	01/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.074			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.48	.48			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	2			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.013	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.3	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2003	01/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2003	02/28/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	11.8	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	9128	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	84	118		******	11	14			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	58	106		******	7	12			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	31	46		******	3.95	5.95			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.32	.32		******	37.2	37.2			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2003	02/28/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.029			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.35	.35			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	2			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.962	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.17	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2003	02/28/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2003	03/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.5	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8406	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	120	171		******	14	23			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.2			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	53	83		******	6	11			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	36	46		******	4.13	4.97			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.38	.38		******	52	52			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2003	03/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.082			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.44	.44			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	2			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.028	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.22	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2003	03/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2003	04/30/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13.9	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	10584	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	49	73		******	6	9			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.2			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	23	43		******	3	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	48	82		******	5.66	8.85			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.38	.38		******	45.7	45.7			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2003	04/30/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.042			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.42	.42			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	2			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.003	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.32	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2003	04/30/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2003	05/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	16.3	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	7267	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	113	160		******	14	20			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.3			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	158	536		******	19	64		1	Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	77	131		******	9.23	15.36			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.51	.51		******	60.3	60.3			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2003	05/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.071			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.74	.74			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	2	3	4			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.944	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.2	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 10789 NORTH ATLAS ROAD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

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PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

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05/01/2003	05/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2003	06/30/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2003	06/30/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2003	06/30/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2003	07/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2003	07/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2003	07/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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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HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2003	08/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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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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ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2003	08/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2003	08/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2003	09/30/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2003	09/30/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2003	09/30/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2003	10/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	18.3	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1819	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	29	39		******	4	5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.7			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	16	24		******	2	3			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	137	185		******	17.77	23.19			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.4	.4		******	56.4	56.4			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2003	10/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.03			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.475	.475			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	8			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.909	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.27	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2003	10/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2003	11/30/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	14.3	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2074	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	86	154		******	12	21			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	30	70		******	4	10			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	71	109		******	9.34	14.65			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.42	.42		******	58.9	58.9			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2003	11/30/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.027			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.5	.5			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	9	30			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.93	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.17	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2003	11/30/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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HAYDEN, ID 83835
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2003	12/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.9	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3455	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	126	244		******	16	30				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	49	114		******	6	14				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	84	194		******	10.26	23.77				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.47	.47		******	56.5	56.5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2003	12/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.03				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.475	.475				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	7	50				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.984	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.31	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 8				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2003	12/31/2003

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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01/01/2004	01/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	11.5	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1953	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	150	232		******	17	26				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	78	151		******	9	17				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	171	234		******	19.87	24.76				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.56	.56		******	71.2	71.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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01/01/2004	01/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.05				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.425	.425				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	5	23				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.048	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.27	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2004	02/29/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	11.6	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3797	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	267	342		******	30	42				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	190	279		******	21	28				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	147	284		******	16.05	27.87				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.71	.71		******	78.1	78.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2004	02/29/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.052				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.452	.452				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	6	50				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.075	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.22	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	82	******	******		1		
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2004	02/29/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2004	03/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13.4	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6625	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	117	144		******	14	18				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	77	124		******	9	14				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	139	221		******	16.35	24.49				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.38	.38		******	44.1	44.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: KEN WINDRAM, ADMINISTRATOR

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ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2004	03/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.008				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.455	.455				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	11	300				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.015	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.5	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2004	03/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
04/01/2004	04/30/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	15.1	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	10562	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	150	224		******	18	25				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	94	172		******	11	21				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	276	302		******	33.53	37.02				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.35	.35		******	43.1	43.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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04/01/2004	04/30/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.002	.002		******	.286	.286				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	4	13				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.996	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.26	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2004	04/30/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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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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HAYDEN, ID 83835
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LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2004	05/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	16.9	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	9597	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	144	154		******	17	20				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	106	141		******	13	17				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	297	375		******	34.67	38.41				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.24	.24		******	30.7	30.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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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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PERMIT NUMBER	DISCHARGE NUMBER
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05/01/2004	05/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
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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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.004				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.434	.434				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	6	30				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.026	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.08	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2004	05/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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06/01/2004	06/30/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	17.9	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	9662	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	223	274		******	25	31				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	70	72		******	8	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	290	332		******	33.44	37.83				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.25	.25		******	31.4	31.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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MONITORING PERIOD	
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06/01/2004	06/30/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.111	.111				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	9	30				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.03	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.08	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 8				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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ATTN: KEN WINDRAM, ADMINISTRATOR

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06/01/2004	06/30/2004

DMR Mailing ZIP CODE: 83835
MAJOR
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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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MAJOR
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2004	07/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2004	08/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2004	08/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2004	08/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2004	09/30/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2004	09/30/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2004	09/30/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2004	10/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	17.3	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3047	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	62	103		******	7	11				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	37	46		******	4	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	10	13		******	1.06	1.45				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.74	.74		******	80.5	80.5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2004	10/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.06				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.64	.64				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	23	130				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.1	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.49	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2004	10/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2004	11/30/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	15	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	4065	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	50	71		******	6	8				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	36	66		******	4	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	21	43		******	2.28	4.45				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.64	.64		******	67.1	67.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2004	11/30/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.022				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.116	.116				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	11	1600		1		
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.11	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.22	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2004	11/30/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2004	12/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13.4	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	7910	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	62	91		******	7	11				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	40	59		******	5	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	18	30		******	1.95	3.24				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.58	.58		******	61.8	61.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2004	12/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.027				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.001	.001		******	.111	.111				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	10	220				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.119	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.12	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 8				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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12/01/2004	12/31/2004

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2005	01/31/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.8	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6143	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	56	87		******	6	10				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	56	96		******	6	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	11	15		******	1.14	1.45				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.63	.63		******	66.6	66.6				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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01/01/2005	01/31/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.032				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.43	.43				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	2				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.193	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.43	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2005	01/31/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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HAYDEN, ID 83835
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2005	02/28/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.8	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5836	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	53	63		******	5	6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	37	61		******	4	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	4	9		******	.38	1				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.76	.76		******	80.6	80.6				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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02/01/2005	02/28/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.038				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.63	.63				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	4				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.154	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.06	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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MAJOR
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.2	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3539	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	57	92		******	6	9				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	41	98		******	4	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	5	11		******	.53	1.19				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.76	.76		******	84	84				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.103				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.483	.483				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	8				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.17	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.08	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2005	03/31/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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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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HAYDEN, ID 83835
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LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2005	04/30/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	15.4	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	9523	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	56	72		******	6	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	47	82		******	5	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	3		******	.15	.26				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.74	.74		******	71.8	71.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
04/01/2005	04/30/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.04				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.04	.04				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	10	30				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.174	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.06	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2005	04/30/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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MAJOR
(SUBR 01)

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.1	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	7254	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	35	70		******	4	8				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	68	161		******	8	19				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	4		******	.17	.42				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.66	.66		******	84.7	84.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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ATTN: KEN WINDRAM, ADMINISTRATOR

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05/01/2005	05/31/2005

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MAJOR
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.011				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.004	.004		******	.473	.473				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	10	21	80				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.988	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.05	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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MAJOR
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2005	06/30/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2005	07/31/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2005	07/31/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2005	07/31/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2005	08/31/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2005	08/31/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2005	08/31/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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
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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2005	09/30/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2005	09/30/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
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09/01/2005	09/30/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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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LOCATION: 10789 NORTH ATLAS ROAD
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ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2005	10/31/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	18.3	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2354	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32	59		******	4	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	52	59		******	6	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	39	47		******	4.65	5.78				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.43	.43		******	53.2	53.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2005	10/31/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.006				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0002	.0002		******	.03	.03				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	9	50				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.054	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.21	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2005	10/31/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2005	11/30/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	15.5	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2966	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	50	71		******	5	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	39	64		******	4	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	7	22		******	.71	2.09				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.41	.41		******	39.8	39.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

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11/01/2005	11/30/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0023	.0023		******	.222	.222				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	30	30				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.147	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.26	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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ATTN: KEN WINDRAM, ADMINISTRATOR

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DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2005	12/31/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.5	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3132	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	81	151		******	8	12				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	47	64		******	5	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	10	32		******	.94	2.69				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.38	.38		******	42.6	42.6				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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
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TYPED OR PRINTED					

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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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HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2005	12/31/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.005				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0025	.0025		******	.283	.283				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	4	22				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.207	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.2	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 8				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2005	12/31/2005

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2006	01/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13.3	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	10330	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	38	45		******	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	27	36		******	3	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3	8		******	.29	.7				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.15	.15		******	13.4	13.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2006	01/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.001	.0014		******	.132	.132				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	4	11				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.338	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.1	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2006	01/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2006	02/28/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.7	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6032	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	37	83		******	4	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	33	50		******	4	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	6	23		******	.56	1.93				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.25	.25		******	24.7	24.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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ID0026590	001-A
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MM/DD/YYYY	MM/DD/YYYY
02/01/2006	02/28/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.145				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0045	.0045		******	.441	.441				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	4	17				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.145	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.07	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2006	02/28/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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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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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2006	03/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13.4	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6157	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	50	87		******	5	8				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	37	51		******	4	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	9	21		******	.84	1.93				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.46	.46		******	42.2	42.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2006	03/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.017				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0008	.0008		******	.071	.071				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	6	50				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.205	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.07	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2006	03/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2006	04/30/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	15.3	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	13799	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	76	115		******	8	12				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	60	90		******	6	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	8	19		******	.83	1.88				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.45	.45		******	43.7	43.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2006	04/30/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0013	.0013		******	.128	.128				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	36	300				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.218	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.19	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2006	04/30/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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05/01/2006	05/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	17.3	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	13624	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	150	220		******	16	24				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	113	145		******	12	15				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	35	72		******	3.72	7.54				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.35	.35		******	36.2	36.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2006	05/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.034				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0204	.0204		******	2.11	2.11				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	8	30	130				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.183	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.05	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2006	05/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2006	06/30/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2006	06/30/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2006	06/30/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2006	07/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2006	07/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2006	07/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2006	08/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2006	08/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2006	08/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2006	09/30/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2006	09/30/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2006	09/30/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2006	10/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	18.5	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1704	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	24	26		******	3	3				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	51	63		******	6	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	10	22		******	1.11	2.56				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.53	.53		******	63.3	63.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2006	10/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.05				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.001	.0013		******	.153	.153				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	73	240				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.055	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.12	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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
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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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ID0026590	001-A

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MM/DD/YYYY	MM/DD/YYYY
10/01/2006	10/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2006	11/30/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	15.5	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5647	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	21	30		******	2	4				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	54	84		******	6	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	10	46		******	1.17	5.42				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.33	.33		******	37.2	37.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2006	11/30/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0017	.0017		******	.196	.196				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	5	30				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.045	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.37	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2006	11/30/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2006	12/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13.3	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5352	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	43	91		******	5	9				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	46	56		******	5	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	42	163		******	4.27	15.73				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.36	.36		******	43.8	43.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2006	12/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0035	.0035		******	.43	.43				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	17				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.087	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.23	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1		1		
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2006	12/31/2006

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2007	01/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.7	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5594	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	41	55		******	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	50	63		******	5	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	26	127		******	2.23	11				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.34	.34		******	29.7	29.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 10789 NORTH ATLAS ROAD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
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ATTN: KEN WINDRAM, ADMINISTRATOR

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01/01/2007	01/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0022	.0022		******	.189	.189				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	5	30				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.138	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.24	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2007	01/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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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LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2007	02/28/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13.5	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5059	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	60	107		******	6	11				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	69	120		******	6	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	76	250		******	7.4	22.96				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.44	.44		******	50.3	50.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2007	02/28/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0023	.0023		******	.259	.259				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	2				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.166	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.07	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2007	02/28/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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OMB No. 2040-0004

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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2007	03/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	14.2	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	18040	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	19	20		******	2	2				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	33	39		******	3	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	15	21		******	1.53	2.18				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.48	.48		******	46.5	48.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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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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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2007	03/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0024	.0026		******	.237	.243				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	16	130				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.183	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.18	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2007	03/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2007	04/30/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	15.4	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	12136	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	39	46		******	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	48	67		******	5	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	7	10		******	.76	1.08				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.74	.74		******	79.1	83				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2007	04/30/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.004				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0028	.003		******	.3	.315				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	90				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.138	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.02	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
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04/01/2007	04/30/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2007	05/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	17.2	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	10179	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	52	94		******	6	11				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	57	86		******	7	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	12	20		******	1.44	2.23				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.61	.61		******	72.7	72.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2007	05/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0028	.0028		******	.341	.341				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	8	110				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.022	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.11	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2007	05/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: KEN WINDRAM, ADMINISTRATOR

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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DMR Mailing ZIP CODE: 83835
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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07/01/2007	07/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2007	07/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2007	07/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2007	08/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2007	08/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2007	08/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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
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TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2007	09/30/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2007	09/30/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2007	09/30/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2007	10/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	18.1	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1907	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	70	96		******	8	11				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	86	125		******	10	15				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	232	261		******	27	30				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.12	.12		******	15.4	15.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2007	10/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0162	.0162		******	2	2				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	42	240				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.044	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.02	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2007	10/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2007	11/30/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	15.8	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2483	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	107	136		******	12	15				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	43	63		******	5	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	133	201		******	15	23				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.34	.34		******	39.6	39.6				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2007	11/30/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0013	.0013		******	.15	.15				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	8	110				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.078	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.05	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2007	11/30/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2007	12/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13.4	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3636	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	126	200		******	13	21				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	70	90		******	8	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	40	95		******	4.2	10				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.3	.3		******	30	30				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

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MM/DD/YYYY	MM/DD/YYYY
12/01/2007	12/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.005				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0003	.0003		******	.03	.03				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	9	1600		1		
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.146	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.09	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2007	12/31/2007

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2008	01/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	11.6	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2823	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	80	140		******	9	15				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	70	109		******	8	12				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	10	49		******	1.1	5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.27	.27		******	30	30				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2008	01/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0018	.0018		******	.201	.201				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	3				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.136	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.16	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2008	01/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2008	02/29/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.4	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2568	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	45	62		******	5	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	75	105		******	8	12				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	2		******	.1	.2				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.67	.67		******	70	70				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2008	02/29/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.006				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0016	.0016		******	.164	.164				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	6	11				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.145	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.07	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2008	02/29/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2008	03/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13.1	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6197	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	88	105		******	9	11				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	135	153		******	13	15				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	13	44		******	1.3	4.4				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.6	.6		******	60	60				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2008	03/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.011				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0016	.0016		******	.161	.161				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	6	30				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1218	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.06	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2008	03/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2008	04/30/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	14.4	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8.103	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	71	138		******	8	16				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	104	157		******	11	16				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	7	25		******	.7	2.6				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.49	.49		******	50	50				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

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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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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2008	04/30/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.009				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0005	.0005		******	.053	.053				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	4				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.188	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.04	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2008	04/30/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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05/01/2008	05/31/2008

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MAJOR
(SUBR 01)

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	******	******	******	******	17.2	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	26032	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	59	73		******	7	8				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	101	125		******	12	14				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2	7		******	.2	.8				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.7	.7		******	80	80				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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05/01/2008	05/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.007				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0025	.0025		******	.283	.283				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	13	30	110				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.07	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.2	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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MM/DD/YYYY	MM/DD/YYYY
06/01/2008	06/30/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2008	06/30/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2008	06/30/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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
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"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2008	07/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2008	07/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2008	07/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2008	08/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2008	08/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2008	08/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2008	09/30/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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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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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2008	09/30/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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: 10789 NORTH ATLAS ROAD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2008	09/30/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2008	10/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	17.9	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2012	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	35	49		******	4	6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	58	111		******	7	12				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	26	51		******	3	5.9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.33	.33		******	36	36				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2008	10/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.005				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0031	.0031		******	.34	.34				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	20	50				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.083	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.14	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2008	10/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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11/01/2008	11/30/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	15.9	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2486	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	66	101		******	7	10				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.4	******	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	35	39		******	4	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	79	105		******	8.5	10.5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.48	.48		******	52	52				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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11/01/2008	11/30/2008

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MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.01				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0009	.0009		******	.102	.102				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	8	140				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.104	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.06	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2008	11/30/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2008	12/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.2	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3640	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	110	133		******	11	13				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	56	86		******	6	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	58	121		******	6	13.3				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.24	.24		******	26	26				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2008	12/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.005				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.326	.326				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	27	80				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.184	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.09	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2008	12/31/2008

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2009	01/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6846	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	86	104		******	8	9				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	60	75		******	6	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	23	77		******	1.9	6.8				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.36	.36		******	26	26				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2009	01/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0033	.0033		******	.236	.236				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	16	30				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.268	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.13	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2009	01/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2009	02/28/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13.2	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	4022	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	49	67		******	5	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	42	58		******	4	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2	2		******	.2	.2				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.56	.56		******	62	62				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2009	02/28/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.007				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0041	.0041		******	.467	.467				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	22	130				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.161	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.13	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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

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02/01/2009	02/28/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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03/01/2009	03/31/2009

DMR Mailing ZIP CODE: 83835
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(SUBR 01)

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	******	******	******	******	13.1	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8427	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	37	46		******	4	4				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	42	50		******	4	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	3		******	.1	.2				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.36	.36		******	28	28				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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03/01/2009	03/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.005				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0026	.0026		******	.198	.198				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	31	130				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.306	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.21	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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ID0026590	001-A

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MM/DD/YYYY	MM/DD/YYYY
03/01/2009	03/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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MM/DD/YYYY	MM/DD/YYYY
04/01/2009	04/30/2009

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MAJOR
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.8	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	15219	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	34	49		******	4	6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	46	62		******	5	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	1		******	.1	.1				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.47	.47		******	47	47				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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MAJOR
(SUBR 01)

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Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0029	.0029		******	.287	.287				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	7	23				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.164	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.12	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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MAJOR
(SUBR 01)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17.7	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	18774	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	46	65		******	5	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	80	149		******	9	16			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	2.2		******	.1	.2			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.54	.54		******	58	58			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2009	05/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0032	.0032		******	.35	.35			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	20	51	80			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.099	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.19	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2009	05/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2009	06/30/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2009	06/30/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2009	06/30/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2009	07/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2009	07/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
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07/01/2009	07/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2009	08/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2009	08/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2009	08/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0026590	001-A
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10/01/2009	10/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	17.5	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1534	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	102	127		******	12	15			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	126	182		******	15	20			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	70	157		******	8.4	18.6			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.41	.41		******	50	50			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2009	10/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0024	.0024		******	.295	.295			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	44	130			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.027	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.24	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2009	10/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	15.2	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2537	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	125	154		******	15	19			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.5			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	92	159		******	11	19			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	153	189		******	18.2	23.4			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.38	.38		******	44	44			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.006			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0023	.0023		******	.271	.271			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	5	13			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.045	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.04	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2009	12/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13.1	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2933	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	61	87		******	7	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.6			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	58	82		******	6	8			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	40	89		******	4.4	10.8			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.29	.29		******	35	35			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2009	12/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0025	.0025		******	.302	.302			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	13	26			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.101	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.26	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2009	12/31/2009

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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ID0026590	001-A
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MM/DD/YYYY	MM/DD/YYYY
01/01/2010	01/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.3	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2981	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	30	35		******	3	4			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.3			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	42	53		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	353	.7		******	.1	.1			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.32	.32		******	29	29			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2010	01/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0033	.0033		******	.3	.3			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	9	30			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.13	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.07	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2010	01/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2010	02/28/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.5	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2999	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	25	29		******	3	3			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	33	35		******	4	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	.7		******	.1	.1			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.34	.34		******	38	38			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2010	02/28/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0027	.0027		******	.297	.297			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	22	50			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.061	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.13	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2010	02/28/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2010	03/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13.5	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3304	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	30	36		******	3	4			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	28	42		******	3	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.3	4.8		******	.1	.6			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.27	.27		******	32	32			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
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DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.006			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0016	.0016		******	.187	.187			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	40	300			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.071	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.08	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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OMB No. 2040-0004

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03/01/2010	03/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	15.1	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6143	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	29	34		******	3	4			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.5			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	30	39		******	3	4			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.5	.8		******	.1	.1			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.33	.33		******	36	36			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.054			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0026	.0026		******	.28	.28			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	4	23			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.094	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.17	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2010	05/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	16.5	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	10146	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	24	28		******	3	3			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.5			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	23	28		******	3	3			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2	10		******	.2	1			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.3	.3		******	30	30			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2010	05/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.058			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0041	.0041		******	.402	.402			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	10	17	23			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.116	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.16	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2010	05/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2010	06/30/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	18.7	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	12688	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	23	35		******	2	4			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.2			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	30	41		******	3	4			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.2	17.2		******	.2	1.9			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.27	.27		******	29	29			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 10789 NORTH ATLAS ROAD
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ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2010	06/30/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.055			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0039	.0039		******	.419	.419			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	27	47	70			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.152	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.1	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2010	06/30/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2010	07/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	21.4	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3604	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18	18		******	2	2			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	25	27		******	3	3			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.4	.6		******	.05	.1			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.23	.23		******	25	25			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2010	07/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.043			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0028	.0028		******	.307	.307			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	16	50	50			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.068	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.14	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2010	07/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	18.3	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1876	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	31	60		******	4	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	5.6	******	7.3		2	Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	97	254		******	11	30			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.8	1.7		******	.09	.2			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.36	.36		******	42	42			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.059			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0034	.0034		******	.39	.39			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	40	130			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.058	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.13	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	15.8	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3251	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	42	62		******	5	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.2			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	92	117		******	10	13			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3	5		******	.3	.1			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.48	.48		******	51	51			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.063			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0038	.0038		******	.4	.4			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	39	90			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.138	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.1	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ID0026590	001-A

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MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	14.3	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6767	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	44	64		******	5	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.4	******	7.3			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	118	151		******	12	16			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	2		******	.1	.2			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.53	.53		******	58	58			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.061			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0053	.0053		******	.579	.579			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	22	110			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.2	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.09	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.1	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	13280	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	48	58		******	5	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.2			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	99	114		******	10	12			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	5		******	.1	.5			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.54	.54		******	57	57			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.064			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0046	.0046		******	.486	.486			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	70	70			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.297	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.08	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.6	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8828	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	37	55		******	4	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.4	******	7.2			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	93	151		******	10	17			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	1.1		******	.1	.1			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.57	.57		******	62	62			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.066			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0055	.0055		******	.601	.601			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	22	170			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.119	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.12	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8800	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	52	71		******	5	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.3	******	7.1			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	108	130		******	11	14			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	1.7		******	.1	.2			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.55	.55		******	58	58			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.078			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0054	.0054		******	.575	.575			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	17	23			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.231	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.06	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13.7	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	18026	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	36	42		******	4	5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.4	******	7.2			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	78	98		******	8	11			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.3	.3		******	.03	.04			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.43	.43		******	42	42			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.13			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0154	.0154		******	1.5	1.5			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	10	30			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.196	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.1	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	16.1	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	24241	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22	28		******	2	3			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.4	******	7.2			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	36	42		******	4	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.3	.4		******	.03	.04			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.55	.55		******	59	59			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.11			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0131	.0131		******	1.4	1.4			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	6	25	80			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.146	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.07	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	18.9	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	22361	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	28	45		******	3	5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.1			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	61	90		******	7	10			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.3	.7		******	.04	.08			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.37	.37		******	41	41			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.33			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.66	.66			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	12	71	240			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.096	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.07	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	21.3	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	6417	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22	23		******	2	3			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	41	50		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.5	1.2		******	.06	.13			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.32	.32		******	36	36			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
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07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.15			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0089	.0089		******	1	1			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	16	25	50			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.082	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.07	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	18	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1612	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	24	34		******	3	4			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	41	56		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	8.7	18.6		******	1	2.2			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.4	.4		******	47	47			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 10789 NORTH ATLAS ROAD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.033			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.009	.009		******	1.11	1.11			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	50	80			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.012	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.09	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
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LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	15.2	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2497	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	23	29		******	3	3			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.2			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	50	79		******	6	10			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.5	1.8		******	.06	.22			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.4	.4		******	44	44			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.016			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.881	.881			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	23	80			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.059	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.11	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13.5	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2560	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	19	21		******	2	3			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	46	73		******	5	8			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.1	2.9		******	.12	.29			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.5	.5		******	54	54			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.035			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.914	.914			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	10	70			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.057	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.1	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.5	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2279	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18	20		******	2	3			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.2			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	31	37		******	4	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.8	1.6		******	.1	.18			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.3	.3		******	47	47			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.03			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.902	.902			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	11	50			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.085	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.11	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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
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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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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.6	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3362	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	41	66		******	5	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.3			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	70	184		******	8	21			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.7	2.1		******	.07	.21			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.4	.4		******	41	41			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.03			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.01	.01		******	.967	.967			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	92	500			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.095	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.18	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	11.5	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	9315	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32	44		******	3	5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.3			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	51	64		******	5	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.4	.6		******	.04	.06			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.4	.4		******	46	46			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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ATTN: KEN WINDRAM, ADMINISTRATOR

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DMR Mailing ZIP CODE: 83835
MAJOR
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.035			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.707	.707			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	63	170			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.212	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.08	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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LOCATION: 10789 NORTH ATLAS ROAD
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03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13.9	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	24182	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	28	35		******	3	4			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.3			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	34	49		******	3	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.4	.9		******	.04	.09			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.3	.3		******	31	31			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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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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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.025			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.01	.01		******	.92	.92			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	9	80			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.203	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.13	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	17.2	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	21900	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22	25		******	2	3			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	30	48		******	3	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.6	1.6		******	.07	.15			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.4	.4		******	47	47			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.045			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.516	.516			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	8	15	50			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.086	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.11	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	18.9	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	17048	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	36	43		******	4	5			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.2			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	52	76		******	5	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.1	17		******	.31	1.74			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.5	.5		******	51	51			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
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06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.035			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.52	.52			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	22	50	240			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.183	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.11	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	18.1	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1583	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	45	74		******	5	9			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	44	74		******	5	9			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	47	95		******	5.3	11			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.32	.32		******	37	37			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.013			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.84	.84			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	22	500			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.059	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.14	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	14.1	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3814	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	61	64		******	7	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	46	56		******	5	6			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	88	119		******	9.3	10.7			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.3	.3		******	36.1	36.1			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
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11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.006			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.79	.79			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	14	50			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.135	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.05	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	13.2	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	8332	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	42	72		******	4	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.3			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	30	64		******	3	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	94	241		******	9.9	24.6			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.14	.14		******	14	14			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.021			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.009	.009		******	.89	.89			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	126	170			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.15	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.05	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	10.7	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3253	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	30	61		******	3	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.3			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	35	42		******	4	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	4	15		******	.4	1.6			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.46	.46		******	47	47			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.019			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.009	.009		******	.89	.89			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	7	22			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.144	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.11	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	11.8	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	4228	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22	31		******	2	4			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.2			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	24	31		******	3	4			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	3		******	.1	.3			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.43	.43		******	44	44			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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
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TYPED OR PRINTED					

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.009			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.005	.005		******	.53	.53			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	80	80			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.119	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.13	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.9	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	7987	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	42	66		******	5	7			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.3			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	52	81		******	6	9			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	29	66		******	3.2	7.2			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.52	.52		******	57	57			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.029			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.003	.003		******	.29	.29			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	19	80			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.087	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.07	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	16.1	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	14874	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	56	78		******	6	9			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.3			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	43	60		******	5	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	15	37		******	1.7	4.2			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.27	.27		******	31	31			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.026			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.87	.87			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	113	300			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.103	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.08	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	18.3	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	12420	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	57	92		******	6	10			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	45	85		******	5	9			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	10	16		******	1.1	1.8			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.32	.32		******	3	33			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.028			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.85	.85			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	20	155	130			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.098	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.06	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	20.2	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	5054	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	85	108		******	9	12			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	32	39		******	4	5			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	34	63		******	3.8	7.1			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.13	.13		******	15	15			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.015			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.86	.86			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	5	11	30			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.109	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.04	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	1			Twice per Year	24 Hour Composite
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	17.5	******			Seven per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2027	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	60	84		******	7	10			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	48	65		******	5	7			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	11	22		******	1.2	2.5			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.28	.28		******	31	31			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.022			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.91	.91			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	19	80			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.075	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.16	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	14.4	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2486	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	71	97		******	8	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	54	67		******	6	8			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	7	21		******	.7	2.3			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.44	.44		******	48	48			Monthly	
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.035			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.62	.62			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	7	80			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.102	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.22	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.8	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3854	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	75	99		******	9	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.2			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	49	72		******	5	8			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	13	23		******	1.4	2.5			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.36	.36		******	37	37			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.012			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.7	.7			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	7			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.123	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.16	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.2	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	2759	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	84	160		******	9	18			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.3			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	113	249		******	12	27			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	6	13		******	.7	1.4			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.37	.37		******	41	41			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.017			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.84	.84			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	2	2			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.122	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.04	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	11.7	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	3062	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	93	112		******	9	11			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.3			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	76	91		******	8	10			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	93	164		******	9.1	14.4			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.51	.51		******	53	53			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.028			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.009	.009		******	.9	.9			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	6	13			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.161	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.05	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	12.2	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	16241	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	94	120		******	8	12			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	100	125		******	9	11			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	30	77		******	2.6	6.1			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.48	.48		******	45	45			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
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03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.014			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.009	.009		******	.8	.8			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	3	8			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.299	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.04	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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OMB No. 2040-0004

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03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	14.3	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	16611	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	60	73		******	6	8			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	66	73		******	7	8			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	26	50		******	2.7	5.2			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.39	.39		******	43	43			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.01			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.71	.71			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	8	30			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.144	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.04	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	17.4	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	18491	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	133	185		******	15	20			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.2			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	85	185		******	9	20			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	84	100		******	9.2	10.8			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.25	.25		******	28	28			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.012			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.009	.009		******	.97	.97			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	4	10	240			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.087	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.06	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	20	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	7423	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	128	179		******	14	17			Twice per Week	Measured
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.4	******	7.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	95	184		******	10	18			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	98	165		******	10.8	18.7			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.25	.25		******	27	27			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.012			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.62	.62			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	3	4	7			Three per Week	Grab
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.114	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.03	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	NODI C	******				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	NODI C				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	50 MO GEO	200 WKLY GEO	500 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	19.1	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1703	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	34	41		******	4	4			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.4	******	7.2			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	145	321		******	16	37			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3	23		******	.2	1.8			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.43	.43		******	50	50			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.038			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.85	.85			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	91	300			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.162	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.13	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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	******	******	******	******	15.4	******			Twice per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	deg C		Twice per Week	Grab
Streamflow	SAMPLE MEASUREMENT	1782	******		******	******	******	******		Daily	Measured
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	cfs	******	******	******	******		Daily	Measured
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	43	48		******	5	6			Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.2			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	63	70		******	7	8			Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 MO AVG	563 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice per Week	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	9	46		******	1	4.8			Twice per Week	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	985 MO AVG	3128 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.48	.48		******	50	50			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.4 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	mg/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
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11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	.04			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	mg/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		******	.67	.67			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.033 MO AVG	.047 DAILY MX	lb/d	******	2.66 MO AVG	3.76 DAILY MX	mg/L		Monthly	24 Hour Composite
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	******	******	******	******	23	30			Three per Week	Grab
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 WKLY GEO	800 DAILY MX	#/100mL		Three per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.061	******		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	.03	******			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	******	mg/L		Daily	Grab
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61406 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	toxic		Twice per Year	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
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11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

"P" = FULL REPORT FOR EACH TOXICITY TEST TO BE SUBMITTED WITH THE JUNE AND DECEMBER DMRS.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	12.5	15.9			Weekdays	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	6.8	8	******			Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.1			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	87	87			Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	54	111		******	6	13			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	265	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	2		******	.1	.2			Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1575 MO AVG	5004 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.46	1.46			Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	20.7	20.7			Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	4438	5200			Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	151	151			Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.82	.82			Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.46	.46		******	54	54			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.044	.044			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.009	.009		******	1.02	1.02			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.004	.004			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	3770	3770			Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.096	1.358		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.34	1		******	38	60				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	3	19				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab

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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	23	26		******	3	3			Weekly	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	801 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	270	******			Weekly	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
03556 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	2.89	2.89				
03582 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	400	400				
70295 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
79819 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U=See Permit Table 1, footnote 7 for sample timing; Part I.B.11 for details; submit congener analysis with results. V=See Permit Table 1, footnote 7 for sample timing; Part I.B.12 for details.

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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ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	11.3	13.1			Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	6.3	8.3	******			Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7			Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	62	62			Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	83	155		******	9	18			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	267	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	1		******	.1	.1			Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1575 MO AVG	5004 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.39	.39				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	19.5	19.5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	5153	5900			Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	130	130			Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.63	.63			Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.55	.55		******	55	55			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.039	.039			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.73	.73			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.76	3.76			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	4060	4060			Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.117	1.328		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.1	2.6		******	125	282			Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	10	34				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab

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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	60	70		******	6	7			Weekly	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	801 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	284	******				
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	12.4	14.9			Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	7	7.8	******			Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.4	******	6.9			Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	78	78			Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	90	118		******	10	14			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	284	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	.4	1.1			Three per Week	24 Hour Composite
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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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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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.53	.53			Weekly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	20.2	20.2			Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	46	47		******	5060	5580			Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	141	141			Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.71	.71			Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.41	.41		******	47	47			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.04	.04			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.007	.007		******	.76	.76			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.32	5.32			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	3990	3990			Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.122	1.402		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	1.4		******	77	150			Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	65	78		******	7	9			Weekly	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	295	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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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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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	3		******	******	******	******		Monthly	Calculated
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. R=Feb-Sep, report partial seasonal average load. (Part I.B.10 & Attach A for averaging).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	7177	7177			Once per 2 Months	24 Hour Composite
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

T=See Permit Table 1, footnote 8 for sample timing; Part I.B.11 for details; submit congener analysis with results

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	13.7	15.6			Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	6.1	7.1	******			Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.2			Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	108	108			Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	83	108		******	9	13			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	271	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	7.7	12.4				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	4.56	4.56			Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	12	12			Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	30	38		******	3439	4580			Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	128	128			Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.8	.8			Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.53	.53		******	64	64			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.06	.06			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.01	.01		******	1.19	1.19			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.28	5.28			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	4130	4130			Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.081	1.337		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.3	.4		******	36	39			Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	26	403				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	64	78		******	7	8			Weekly	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	257	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

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MONITORING PERIOD	
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03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	38		******	******	******	******			
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. R=Feb-Sep, report partial seasonal average load. (Part I.B.10 & Attach A for averaging).

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .188	< .188				
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .19	< .19			Quarterly	24 Hour Composite
03556 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	2.41	2.41				
03582 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	373	373				
70295 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	37	37				
79819 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U=See Permit Table 1, footnote 7 for sample timing; Part I.B.11 for details; submit congener analysis with results. V=See Permit Table 1, footnote 7 for sample timing; Part I.B.12 for details.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	15.9	19.1			Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.5	6	******			Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.3	******	7.5			Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	200	200			Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	79	113		******	9	12			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	270	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	6.7	17.2			Monthly	24 Hour Composite
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	22.3	22.3			Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.3	1.3			Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17	25		******	1976	3010			Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	122	122			Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.75	.75			Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.23	.23		******	28	28			Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .003	< .003			Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.008	.008		******	.98	.98			Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.86	3.86			Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	1680	1680			Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.046	1.136		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.3	.4		******	35	48			Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	4	12				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	55	66		******	6	7				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	247	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	45		******	******	******	******		Monthly	Calculated
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. R=Feb-Sep, report partial seasonal average load. (Part I.B.10 & Attach A for averaging).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	7440	7440			Once per 2 Months	24 Hour Composite
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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T=See Permit Table 1, footnote 8 for sample timing; Part I.B.11 for details; submit congener analysis with results

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	18.8	20.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.1	5.1	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	161	161				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	57	77		******	6	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	292	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	4.96	9.46				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83835
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SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	10.8	10.8				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.4	.4				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17.4	22		******	2039	2560				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	131	131				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.73	.73				
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.437	.437		******	52	52				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.017	.017				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0089	.0089		******	1.06	1.06				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2.61	2.61				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	2860	2860				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.033	1.224		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.49	.87		******	57	102				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

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ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
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SPOKANE RIVER
External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	8	33				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	57	80		******	7	9				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	297	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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DMR Mailing ZIP CODE: 83835
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SPOKANE RIVER
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	44		******	******	******	******			
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. R=Feb-Sep, report partial seasonal average load. (Part I.B.10 & Attach A for averaging).

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	NODI C				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.38 MO AVG	12.6 DAILY MX	lb/d	******	119 MO AVG	629 DAILY MX	ug/L		Daily	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 P 0 See Comments	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Daily	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	40		******	******	******	******			
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	8062	8062				
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

T=See Permit Table 1, footnote 8 for sample timing; Part I.B.11 for details; submit congener analysis with results

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .317	< .317				
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .194	< .194				
03556 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1				
03582 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	307	307				
70295 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	201	201				
79819 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U=See Permit Table 1, footnote 7 for sample timing; Part I.B.11 for details; submit congener analysis with results. V=See Permit Table 1, footnote 7 for sample timing; Part I.B.12 for details.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	NODI C				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.38 MO AVG	12.6 DAILY MX	lb/d	******	119 MO AVG	629 DAILY MX	ug/L		Daily	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 P 0 See Comments	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Daily	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. R=Feb-Sep, report partial seasonal average load. (Part I.B.10 & Attach A for averaging).

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-T1

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	07/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Toxicity Oct. thru May
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	22.8				
TT000 W 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Once per Season	24 Hour Composite

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
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TYPED OR PRINTED					

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)
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	NODI C				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.38 MO AVG	12.6 DAILY MX	lb/d	******	119 MO AVG	629 DAILY MX	ug/L		Daily	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 P 0 See Comments	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Daily	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. R=Feb-Sep, report partial seasonal average load. (Part I.B.10 & Attach A for averaging).

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

T=See Permit Table 1, footnote 8 for sample timing; Part I.B.11 for details; submit congener analysis with results

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		.0/19/201
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	NODI C				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.38 MO AVG	12.6 DAILY MX	lb/d	******	119 MO AVG	629 DAILY MX	ug/L		Daily	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 P 0 See Comments	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Daily	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	31	lb/d	******	******	******	******		Monthly	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

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)

Partial seasonal average as stated in the permit,page 9, "must be calculated as the sum of all the daily discharges measured during the season of February 1st through the last day of the monitoring month, inclusive, divided by the number of daily discharges measured during the time frame." The monitoring period listed above should be from 02/01/2015 to 09/30/15. There was no option on the Frequency of Analysis to list zero times for the month, HARSB had no discharge for September. Jason from EPA suggested "01/30".

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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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
03556 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
03582 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
70295 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
79819 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U=See Permit Table 1, footnote 7 for sample timing; Part I.B.11 for details; submit congener analysis with results. V=See Permit Table 1, footnote 7 for sample timing; Part I.B.12 for details.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	19.9	21.4	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.7	6.8	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.7	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	169	169	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	37	65	lb/d	******	4	7	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	238	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	37	******	lb/d	******	8.21	15.2	mg/L		Three per Week	24 Hour Composite
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		.1/18/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	10.4	10.4	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.75	.75	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	23.4	28.4	lb/d	******	2704	3367	ug/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	23.4	28.4	lb/d	******	2.7	3.4	mg/L		Three per Week	24 Hour Composite
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	122	122	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.65	.65	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.259	.259	lb/d	******	30.5	30.5	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.015	.015	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0087	.0087	lb/d	******	1.02	1.02	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.15	3.15	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	1270	1270	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.049	1.142	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.36	.62	lb/d	******	42	73	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

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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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	4	18	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	21	26	lb/d	******	2	3	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	241	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	21	26	lb/d	******	2	3	mg/L		Three per Week	24 Hour Composite
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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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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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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	10928	10928	pg/L		Once per 2 Months	24 Hour Composite
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Influent PCB results are blank and K flag corrected.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	16.5	21.4	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.9	7.8	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.6	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	138	138	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	29	36	lb/d	******	4	4	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	239	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	4	9.1	lb/d	******	.47	1.03	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1575 MO AVG	5004 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.97	2.97	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.54	7.54	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3691	5760	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	144	144	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.6	.6	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.466	.466	lb/d	******	56.2	56.2	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		.2/17/201
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0083	.0083	lb/d	******	.999	.999	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.9	3.9	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	4040	4040	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.098	1.737	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.95	1.16	lb/d	******	106	133	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	5	14	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab

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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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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	16	18	lb/d	******	2	2	mg/L		Weekly	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	801 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	209	******	mg/L		Weekly	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-T2

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Toxicity for June thru Sept.
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
TT000 W 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Once per Season	24 Hour Composite

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	13.8	19.9	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	6.6	7.9	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.5	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	137	137	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	55	63	lb/d	******	6	7	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	297	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.4	.5	lb/d	******	.04	.05	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1575 MO AVG	5004 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Monthly	24 Hour Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.3	1.3	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	6.47	6.47	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1685	4290	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	146	146	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.75	.75	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.344	.344	lb/d	******	40.6	40.6	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite

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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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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.023	.023	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0108	.0108	lb/d	******	1.27	1.27	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2.65	2.65	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	340	340	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.09	1.386	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1	2.37	lb/d	******	113	280	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	5	16	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab

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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Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	28	35	lb/d	******	3	4	mg/L		Weekly	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	801 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	267	******	mg/L		Weekly	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		01/11/2016
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	9871	9871	pg/L		Once per 2 Months	24 Hour Composite
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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)

Influent PCB results are blank and K flag corrected.

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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .538	< .538	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .514	< .514	pg/L		Quarterly	24 Hour Composite
03556 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Grab
03582 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	314	314	mg/L		Quarterly	24 Hour Composite
70295 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	32	32	pg/L		Quarterly	24 Hour Composite
79819 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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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)

Effluent PCB, Influent and Effluent Dioxin results are blank and k flag corrected.

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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	12.6	15.9	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	7.9	8.9	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.5	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	138	138	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	82	107	lb/d	******	9	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	364	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.3	3.9	lb/d	******	.13	.4	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1575 MO AVG	5004 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Monthly	24 Hour Composite

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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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.14	1.14	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.59	8.59	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1468	2640	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	149	149	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.65	.65	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.562	.562	lb/d	******	63	63	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite

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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.009	.009	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0131	.0131	lb/d	******	1.47	1.47	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.99	3.99	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	1690	1690	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.199	1.658	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.13	1.48	lb/d	******	113	146	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	10	29	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab

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Form Approved
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LOCATION: 10789 NORTH ATLAS ROAD
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ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	31	36	lb/d	******	3	4	mg/L		Weekly	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	801 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	194	******	mg/L		Weekly	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		02/19/2016
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	13.4	19.7	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	7.2	8.3	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.8	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	135	135	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	68	75	lb/d	******	7	7	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	280	******	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	.03	.07	mg/L		Three per Week	24 Hour Composite
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.23	1.23	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	9.35	9.35	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	15.5	18	lb/d	******	1544	1960	ug/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	15.5	18	lb/d	******	1.544	1.96	mg/L		Three per Week	24 Hour Composite
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	152	152	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.61	.61	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.703	.703	lb/d	******	66.4	66.4	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.044	.044	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0091	.0091	lb/d	******	.856	.856	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2.73	2.73	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	1180	1180	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.233	1.361	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.4	2.26	lb/d	******	138	238	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

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)

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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	14	56	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	27	34	lb/d	******	3	3	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	192	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	27	34	lb/d	******	3	3	mg/L		Three per Week	24 Hour Composite
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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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)

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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	.3	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	15.5	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	27	lb/d	******	******	******	******		Three per Week	24 Hour Composite
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. R=Feb-Sep, report partial seasonal average load. (Part I.B.10 & Attach A for averaging).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	7498	7498	pg/L		Once per 2 Months	24 Hour Composite
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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.	ken windram	(208)772-0672		03/17/2016
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)

Inf PCB results are blank and K flag corrected.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	14.2	15.7	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	7.2	7.9	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.4	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	107	107	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	54	111	lb/d	******	5	10	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	256	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	NODI 9				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		04/18/2016
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.19	1.19	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	12.9	12.9	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	36.1	61.1	lb/d	******	3596	6247	ug/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	36.1	61.1	lb/d	******	3.596	6.247	mg/L		Three per Week	24 Hour Composite
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	129	129	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.7	.7	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.6	.6	lb/d	******	63.3	63.3	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.024	.024	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0096	.0096	lb/d	******	1.01	1.01	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.7	3.7	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	1940	1940	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.22	1.433	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.51	.68	lb/d	******	49	68	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

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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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	10	25	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	37	51	lb/d	******	4	5	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	256	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	37	51	lb/d	******	4	5	mg/L		Three per Week	24 Hour Composite
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.4	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	26.1	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	32	lb/d	******	******	******	******		Three per Week	24 Hour Composite
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

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Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. R=Feb-Sep, report partial seasonal average load. (Part I.B.10 & Attach A for averaging).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-Q

MONITORING PERIOD	
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01/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
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Spokane River
External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .53	< .53	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .53	< .53	pg/L		Quarterly	24 Hour Composite
03556 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	mg/L		Quarterly	Grab
03582 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	342	342	mg/L		Quarterly	24 Hour Composite
70295 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	52	52	pg/L		Quarterly	24 Hour Composite
79819 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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Eff PCB, Inf and Eff dioxins are blank and K flag corrected.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	17.1	21.5	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.8	6.9	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.4	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	101	101	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	110	147	lb/d	******	11	16	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	323	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.8	******	lb/d	******	.09	.3	mg/L		Three per Week	24 Hour Composite
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		05/11/2016
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.2	2.2	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	14.6	14.6	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	32.1	42.7	lb/d	******	3498	4687	ug/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	32.1	42.7	lb/d	******	3.498	4.687	mg/L		Three per Week	24 Hour Composite
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	136	136	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.74	.74	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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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)

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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.717	.717	lb/d	******	73.7	73.7	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.061	.061	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0109	.0109	lb/d	******	1.12	1.12	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	7.36	7.36	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	4220	4220	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.123	1.298	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.39	.49	lb/d	******	42	55	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

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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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	11	17	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	49	52	lb/d	******	5	6	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	254	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	49	52	lb/d	******	5	6	mg/L		Three per Week	24 Hour Composite
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	.54	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	28.1	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	38	lb/d	******	******	******	******		Three per Week	24 Hour Composite
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. R=Feb-Sep, report partial seasonal average load. (Part I.B.10 & Attach A for averaging).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	11867	11867	pg/L		Once per 2 Months	24 Hour Composite
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Inf PCB are blank and K flag corrected

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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
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HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	NODI C				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		06/15/2016
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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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)
HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)
HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)
HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	.47	lb/d	******	******	******	******		Weekly	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

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)

HARSB diverted from the Spokane River on May 1, 2016.Seasonal average is based on February 1 - May 31, 2016, not the stated monitoring period above.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		07/13/2016
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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	NODI C				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		07/13/2016
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)
HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		07/13/2016
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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.38 MO AVG	12.6 DAILY MX	lb/d	******	119 MO AVG	629 DAILY MX	ug/L		Daily	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 P 0 See Comments	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Daily	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		07/13/2016
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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	.42	lb/d	******	******	******	******		Weekly	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		07/13/2016
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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.Seasonal average is based on February 1 - June 30, 2016, not the stated monitoring period above.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		07/13/2016
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)

HARSB diverted from the Spokane River on to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .522	< .522	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .532	< .532	pg/L		Quarterly	24 Hour Composite
03556 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1.7	< 1.7	mg/L		Quarterly	Grab
03582 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	367	367	mg/L		Quarterly	24 Hour Composite
70295 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	79	79	pg/L		Quarterly	24 Hour Composite
79819 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		07/13/2016
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)
Eff PCB, Inf and Eff dioxins are blank and K flag corrected.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		08/18/2016
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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	NODI C				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		08/18/2016
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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.38 MO AVG	12.6 DAILY MX	lb/d	******	119 MO AVG	629 DAILY MX	ug/L		Daily	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 P 0 See Comments	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Daily	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

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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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	.37	lb/d	******	******	******	******		Weekly	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.Seasonal average is based on February 1 - July 31, 2016, not the above monitoring period.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-T1

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	07/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Toxicity Oct. thru May
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	14.1	toxic		Once per Season	24 Hour Composite
TT000 W 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Once per Season	24 Hour Composite

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)

The maximum toxicity result was Ceriodaphina dubia reproduction study at 14.1 toxicity units. See attachment for all other results.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite

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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	NODI C				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

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)
HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		09/09/2016
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)
HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.38 MO AVG	12.6 DAILY MX	lb/d	******	119 MO AVG	629 DAILY MX	ug/L		Daily	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 P 0 See Comments	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Daily	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

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)
HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	.34	lb/d	******	******	******	******		Weekly	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

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)

HARSB diverted from the Spokane River on May 1, 2016.Seasonal average is based on February 1 - August 31, 2016, not the above monitoring period.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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)

HARSB diverted from the Spokane River on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite

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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	NODI C				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		.0/12/201
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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.38 MO AVG	12.6 DAILY MX	lb/d	******	119 MO AVG	629 DAILY MX	ug/L		Daily	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 P 0 See Comments	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Daily	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

HARSB diverted from the Spokane River to the Reuse Site on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	.31	lb/d	******	******	******	******		Weekly	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

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)

HASRB diverted from the Spokane River to the Reuse Site on May 1, 2016.Seasonal average is based on February 1 - September 30, 2016, not the above monitoring period.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
03556 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
03582 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
70295 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
79819 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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)

HARSB diverted from the Spokane River on May 1, 2016.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	19.9	21.6	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	4.8	6.4	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.5	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	138	138	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	45	68	lb/d	******	5	7	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	275	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.36	******	lb/d	******	.06	.1	mg/L		Three per Week	24 Hour Composite
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.12	2.12	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.71	7.71	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.2	8.35	lb/d	******	545	892	ug/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.2	8.35	lb/d	******	.545	.892	mg/L		Three per Week	24 Hour Composite
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	133	133	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.61	.61	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.395	.395	lb/d	******	44	44	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.059	.059	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.012	.012	lb/d	******	1.34	1.34	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.79	3.79	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	160	160	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.099	1.368	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.35	.58	lb/d	******	37	62.5	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		.1/18/201
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	26	50	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	23	25	lb/d	******	3	3	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	264	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	23	25	lb/d	******	3	3	mg/L		Three per Week	24 Hour Composite
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		.1/18/201
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	6939	6939	pg/L		Once per 2 Months	24 Hour Composite
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Influent PCB results are blank and K flag corrected.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	18.5	20	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.4	6.5	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.4	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	148	148	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	51	62	lb/d	******	5	6	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	257	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.6	.6	lb/d	******	.06	.06	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1575 MO AVG	5004 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< .09	< .09	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.78	7.78	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1377	2550	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	156	156	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.66	.66	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.904	.904	lb/d	******	80.7	80.7	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite

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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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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.011	.011	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0124	.0124	lb/d	******	1.11	1.11	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	6.11	6.11	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	2120	2120	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.16	1.343	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.81	2.49	lb/d	******	76	222	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	31	87	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	40	52	lb/d	******	4	5	mg/L		Weekly	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	801 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	253	******	mg/L		Weekly	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		.2/19/201
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-T2

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Toxicity for June thru Sept.
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
TT000 W 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Once per Season	24 Hour Composite

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)

HARSB diverted from the Spokane River on May 1, 2016 and returned to the Spokane River on October 1, 2016 so there was not discharge during the required testing period.

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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	15.7	18.5	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	6.2	7.2	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.3	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	151	151	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	69	73	lb/d	******	8	8	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	249	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.7	.7	lb/d	******	.08	.08	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1575 MO AVG	5004 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Monthly	24 Hour Composite

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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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.31	2.31	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.28	7.28	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	633	1380	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	157	157	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.75	.75	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.862	.862	lb/d	******	87.4	87.4	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite

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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.025	.025	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0135	.0135	lb/d	******	1.37	1.37	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.92	5.92	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	270	270	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.137	1.241	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.29	.4	lb/d	******	31	42	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	28	91	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab

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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	46	54	lb/d	******	5	6	mg/L		Weekly	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	801 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	231	******	mg/L		Weekly	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	4870	4870	pg/L		Once per 2 Months	24 Hour Composite
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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)

Influent PCB are blank and k flag corrected.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .537	< .537	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .532	< .532	pg/L		Quarterly	24 Hour Composite
03556 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1.7	< 1.7	mg/L		Quarterly	Grab
03582 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	355	355	mg/L		Quarterly	24 Hour Composite
70295 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	0	0	pg/L		Quarterly	24 Hour Composite
79819 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		01/10/2017
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)

Effluent PCB, Influent and Effluent Dioxin results are blank and K flag corrected.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	13.7	17.1	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.8	8.1	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.1	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	151	151	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	74	81	lb/d	******	8	9	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	242	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	24.5	24.5	lb/d	******	2.43	2.43	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1575 MO AVG	5004 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		02/05/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ATTN: KEN WINDRAM, ADMINISTRATOR

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MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.14	2.14	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	6.84	6.84	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	436	494	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	172	172	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.82	.82	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.422	.422	lb/d	******	45.1	45.1	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.006	.006	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0112	.0112	lb/d	******	1.2	1.2	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.32	4.32	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	128	128	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.122	1.264	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.51	1.15	lb/d	******	55	128	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	15	225	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab

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DISCHARGE MONITORING REPORT (DMR)

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ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	60	71	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	801 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	269	******	mg/L		Weekly	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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02/01/2017	02/28/2017

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.5	20	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	9.5	7.9	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.1	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	118	118	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	68	80	lb/d	******	7	8	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	237	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	NODI 9				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.28	2.28	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.1	8.1	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	10.7	32.8	lb/d	******	892	2597	ug/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	10.7	32.8	lb/d	******	.892	2.597	mg/L		Three per Week	24 Hour Composite
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	154	154	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.74	.74	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.945	.945	lb/d	******	74.1	74.1	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .003	< .003	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0123	.0123	lb/d	******	.966	.966	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5.21	5.21	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	77	77	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.391	2.185	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.43	.63	lb/d	******	38	45	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		03/16/2017
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	10	60	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	46	56	lb/d	******	4	6	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	254	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	46	56	lb/d	******	4	6	mg/L		Three per Week	24 Hour Composite
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		03/16/2017
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	.74	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	10.7	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	45.6	lb/d	******	******	******	******		Three per Week	24 Hour Composite
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		03/16/2017
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. R=Feb-Sep, report partial seasonal average load. (Part I.B.10 & Attach A for averaging).

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	5250	5250	pg/L		Once per 2 Months	24 Hour Composite
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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)

Influent PCB are blank and K flag corrected.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	14.6	15.5	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.6	7.4	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.1	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	101	101	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	87	91	lb/d	******	7	8	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	235	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	NODI 9				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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)

HARSB violated the daily max for zinc for the composite sample date 3/7/16, reported as required by permit. There was also a sewage overflow incident on 3/17/17, reported as required by permit. The letters sent to the EPA are included as an attachment to this form.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.44	2.44	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	10.7	10.7	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	21.9	59	lb/d	******	1774	2809	ug/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	21.9	59	lb/d	******	1.77	2.81	mg/L		Three per Week	24 Hour Composite
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	131	131	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.66	.66	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		04/13/2017
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)

HARSB violated the daily max for zinc for the composite sample date 3/7/16, reported as required by permit. There was also a sewage overflow incident on 3/17/17, reported as required by permit. The letters sent to the EPA are included as an attachment to this form.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.866	1.207	lb/d	******	82.4	124	ug/L	1	Twice per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .003	< .003	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0109	.0109	lb/d	******	1.12	1.12	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	14.1	14.1	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	2100	2100	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.409	2.406	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.44	.59	lb/d	******	37	55	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		04/13/2017
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)

HARSB violated the daily max for zinc for the composite sample date 3/7/16, reported as required by permit. There was also a sewage overflow incident on 3/17/17, reported as required by permit. The letters sent to the EPA are included as an attachment to this form.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	6	20	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	60	68	lb/d	******	5	6	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	251	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	60	68	lb/d	******	5	6	mg/L		Three per Week	24 Hour Composite
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		04/13/2017
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)

HARSB violated the daily max for zinc for the composite sample date 3/7/16, reported as required by permit. There was also a sewage overflow incident on 3/17/17, reported as required by permit. The letters sent to the EPA are included as an attachment to this form.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		04/13/2017
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)

HARSB violated the daily max for zinc for the composite sample date 3/7/16, reported as required by permit. There was also a sewage overflow incident on 3/17/17, reported as required by permit. The letters sent to the EPA are included as an attachment to this form.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	4.74	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	16.1	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	51.12	lb/d	******	******	******	******		Three per Week	24 Hour Composite
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Adminstrator	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.	ken windram	(208)772-0672		04/13/2017
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)
Seasonal average is based on February 1 - March 31, 2017, not the above stated monitoring period.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .546	< .546	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .531	< .531	pg/L		Quarterly	24 Hour Composite
03556 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 3.6	< 3.6	mg/L		Quarterly	Grab
03582 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	377	377	mg/L		Quarterly	24 Hour Composite
70295 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	0	0	pg/L		Quarterly	24 Hour Composite
79819 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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)

Effluent PCB, influent and effluent dioxins are blank and k flag corrected.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	16	17	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	7	7.3	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.8	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	162	162	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	73	77	lb/d	******	7	7	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	243	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	NODI 9				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.55	2.55	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	12	12	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17.4	24.1	lb/d	******	1631	2317	ug/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17.4	24.1	lb/d	******	1.631	2.317	mg/L		Three per Week	24 Hour Composite
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	172	172	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.8	.8	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		05/10/2017
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.55	.55	lb/d	******	46.8	46.8	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0117	.0117	lb/d	******	.991	.991	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	4.85	4.85	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	1390	1390	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.263	1.418	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.77	2.02	lb/d	******	69	173	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(208)772-0672		05/10/2017
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	7	81	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	36	51	lb/d	******	3	5	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	268	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	36	51	lb/d	******	3	5	mg/L		Three per Week	24 Hour Composite
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	3.51	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	16.5	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	46.59	lb/d	******	******	******	******		Three per Week	24 Hour Composite
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

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)

Seasonal average is based on February 1 - April 30, 2017, not the above stated monitoring period.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	4771	4771	pg/L		Once per 2 Months	24 Hour Composite
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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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)

Influent composite for PCB is blank and K flag corrected.

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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	18.2	21.7	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	6.3	7.2	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.4	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	167	167	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	65	118	lb/d	******	6	10	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	285	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	NODI 9				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.05	2.05	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.7	7.7	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.2	7	lb/d	******	320	712	ug/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.2	7	lb/d	******	.32	.712	mg/L		Three per Week	24 Hour Composite
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	168	168	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.85	.85	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.385	.385	lb/d	******	36.8	36.8	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.006	.006	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0094	.0094	lb/d	******	.902	.902	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2.9	2.9	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	< 500	< 500	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.184	1.457	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.45	.85	lb/d	******	46	88	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	Amber Hall	(208)772-9505		06/19/2017
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	14	31	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	28	38	lb/d	******	3	4	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	290	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	28	38	lb/d	******	3	4	mg/L		Three per Week	24 Hour Composite
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	4.13	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	13	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	41.76	lb/d	******	******	******	******		Three per Week	24 Hour Composite
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	Amber Hall	(208)772-9505		06/19/2017
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)

Seasonal average is based on February 1 - May 31, 2017, not the above stated monitoring period.

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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	20.2	21.5	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	5.4	6.4	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.2	SU		Five per Week	Grab
00400 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.2	SU		Five per Week	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	115	116	mg/L		Twice per Month	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	31	58	lb/d	******	3	6	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	285	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite

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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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	NODI 9				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.51	1.67	mg/L		Twice per Month	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.3	7.6	mg/L		Twice per Month	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.4	3.4	lb/d	******	252	352	ug/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.4	3.4	lb/d	******	.252	.352	mg/L		Three per Week	24 Hour Composite
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	117	121	mg/L		Twice per Month	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		07/18/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	ug/L		Twice per Month	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.309	.345	lb/d	******	34.2	38.1	ug/L		Twice per Month	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	ug/L		Twice per Month	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	< .01	< .01	lb/d	******	< 1	< 1	ug/L		Twice per Month	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2.66	3.13	ug/L		Twice per Month	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	109	170	ug/L		Twice per Month	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.128	1.341	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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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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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.51	.89	lb/d	******	54	90	ug/L		Four per Week	Grab
50060 O 0 See Comments	PERMIT REQUIREMENT	2.38 MO AVG	12.6 DAILY MX	lb/d	******	119 MO AVG	629 DAILY MX	ug/L		Daily	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	.51	.89	lb/d	******	54	90	ug/L		Four per Week	Grab
50060 P 0 See Comments	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Daily	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	30	60	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	21	25	lb/d	******	2	2	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	270	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	21	25	lb/d	******	2	2	mg/L		Three per Week	24 Hour Composite
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		07/18/2017
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	3.45	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

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)
Seasonal average is based on February 1 - June 30, 2017, not the above stated monitoring period.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	8845	11546	pg/L		Monthly	24 Hour Composite
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		07/18/2017
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)

Influent PCB results are blank and K flag corrected.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .533	< .533	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .536	< .536	pg/L		Quarterly	24 Hour Composite
03556 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	1.67	1.67	mg/L		Quarterly	Grab
03582 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	441	441	mg/L		Quarterly	24 Hour Composite
70295 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	27	63	pg/L		Monthly	24 Hour Composite
79819 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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)

Influent and effluent PCB and Dioxin results are blank and K flag corrected.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite

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)

HARSB diverted from the Spokane River to the Reuse Site on July 1, 2017.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	NODI C				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

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)
HARSB diverted from the Spokane River to the Reuse Site on July 1, 2017.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		08/20/2017
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)

HARSB diverted from the Spokane River to the Reuse Site on July 1, 2017.

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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.38 MO AVG	12.6 DAILY MX	lb/d	******	119 MO AVG	629 DAILY MX	ug/L		Daily	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 P 0 See Comments	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Daily	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		08/20/2017
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)

HARSB diverted from the Spokane River to the Reuse Site on July 1, 2017.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

HARSB diverted from the Spokane River to the Reuse Site on July 1, 2017.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	4.67	lb/d	******	******	******	******		Weekly	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

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)

Seasonal average is based on February 1 - July 31, 2017, not the above stated monitoring period.HARSB diverted from the Spokane River to the Reuse Site on July 1, 2017.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-T1

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	07/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Toxicity Oct. thru May
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	1	toxic		Once per Season	24 Hour Composite
TT000 W 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Once per Season	24 Hour Composite

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)

Analytical Laboratories, Inc. conducted the whole effluent testing for us in February 2017. The lab reported the flathead minnow survival and growth study, the Selenastrum caprocornutum growth study and the Ceriodaphnia dubia growth study. Analytical Laboratory had issues with their quality control and could not resolve the issue with Ceriodaphnia dubia reproduction quality control. We sent another sample to Analytical for the Ceriodaphnia dubia reproduction study. They were unable to resolve the issue for the Ceriodaphnia dubia reproduction study

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

HARSB diverted from the Spokane River to the Reuse Site on July 1, 2017.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	NODI C				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

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)

HARSB diverted from the Spokane River to the Reuse Site on July 1, 2017.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

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)

HARSB diverted from the Spokane River to the Reuse Site on July 1, 2017.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.38 MO AVG	12.6 DAILY MX	lb/d	******	119 MO AVG	629 DAILY MX	ug/L		Daily	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 P 0 See Comments	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Daily	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Adminstrator	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.	ken windram	(287)722-0672		09/18/2017
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)

HARSB diverted from the Spokane River to the Reuse Site on July 1, 2017.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

HARSB diverted from the Spokane River to the Reuse Site on July 1, 2017.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	4.02	lb/d	******	******	******	******		Weekly	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Seasonal average is based on February 1 through August 31, 2017, not the above stated monitoring period.HARSB diverted from the Spokane River to the Reuse Site on July 1, 2017.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

HARSB diverted from the Spokane River to the Reuse site on July 1, 2017.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	NODI C	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	6.4 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 10789 NORTH ATLAS ROAD
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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

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MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	NODI C				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.38 MO AVG	12.6 DAILY MX	lb/d	******	119 MO AVG	629 DAILY MX	ug/L		Daily	Grab
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
50060 P 0 See Comments	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Daily	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI C	NODI C		******	NODI C	NODI C				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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Form Approved
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		.0/13/201
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)

HARSB diverted from the Spokane River to the Reuse Site on July 1, 2017.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	3.56	lb/d	******	******	******	******		Weekly	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		.0/13/201
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)

HARSB diverted from the Spokane River to the Reuse Site on July 1, 2017.Seasonal average based on February 1 through September 30, 2017, not the above stated monitoring period.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
03556 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
03582 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
70295 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
79819 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		.0/13/201
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)

HARSB diverted from the Spokane River to the Reuse Site on July 1, 2017.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	18.5	21	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	3.7	6.7	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.2	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	124	124	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	57	88	lb/d	******	7	10	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	250	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.08	******	lb/d	******	.15	.96	mg/L		Three per Week	24 Hour Composite
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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)

HARSB diverted to the Spokane River from the Reuse Site on 10-2-17.The Compliance Schedule Progress report for phosphorus and CBOD is included as an attachment to this report.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.16	2.16	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	5.54	5.54	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.1	6.5	lb/d	******	496	829	ug/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.1	6.5	lb/d	******	.496	.829	mg/L		Three per Week	24 Hour Composite
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	126	126	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.57	.57	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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)

HARSB diverted to the Spokane River from the Reuse Site on 10-2-17.The Compliance Schedule Progress report for phosphorus and CBOD is included as an attachment to this report.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.094	.094	lb/d	******	10.8	10.8	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0088	.0088	lb/d	******	1.01	1.01	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.27	3.27	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	87	87	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.043	1.214	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.22	.41	lb/d	******	26	48	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

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)

HARSB diverted to the Spokane River from the Reuse Site on 10-2-17.The Compliance Schedule Progress report for phosphorus and CBOD is included as an attachment to this report.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	16	75	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	38	54	lb/d	******	5	7	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	211	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	38	54	lb/d	******	5	7	mg/L		Three per Week	24 Hour Composite
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

HARSB diverted to the Spokane River from the Reuse Site on 10-2-17.The Compliance Schedule Progress report for phosphorus and CBOD is included as an attachment to this report.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	5050	5050	pg/L		Once per 2 Months	24 Hour Composite
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		.1/17/201
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)

Influent PCB results are blank and K flag corrected.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	16.2	19.7	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	6.4	7.2	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.4	******	7.2	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	109	109	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	47	65	lb/d	******	5	7	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	243	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.4	.6	lb/d	******	.05	.06	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1575 MO AVG	5004 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		.2/14/201
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)

HARSB 2017 Phosphorus Management Plan is attached to this DMR as required by permit.HARSB 2017 Toxic Management Action Plan is attached to this DMR as required by permit.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.8	1.8	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	5.58	5.58	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	281	314	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	117	117	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.5	.5	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.208	.208	lb/d	******	23	23	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite

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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)

HARSB 2017 Phosphorus Management Plan is attached to this DMR as required by permit.HARSB 2017 Toxic Management Action Plan is attached to this DMR as required by permit.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0077	.0077	lb/d	******	.848	.848	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.05	3.05	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	60	60	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.103	1.298	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.55	1.43	lb/d	******	61	168	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	10	114	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab

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)

HARSB 2017 Phosphorus Management Plan is attached to this DMR as required by permit.HARSB 2017 Toxic Management Action Plan is attached to this DMR as required by permit.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	39	79	lb/d	******	4	9	mg/L		Weekly	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	801 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	196	******	mg/L		Weekly	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

HARSB 2017 Phosphorus Management Plan is attached to this DMR as required by permit.HARSB 2017 Toxic Management Action Plan is attached to this DMR as required by permit.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-T2

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Toxicity for June thru Sept.
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			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	toxic		Once per Season	24 Hour Composite
TT000 W 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. TOTAL	toxic		Once per Season	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		.2/14/201
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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	13.6	16.3	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	6.8	8	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.5	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	100	100	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	56	83	lb/d	******	6	8	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	264	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.6	8.6	lb/d	******	.27	.9	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1575 MO AVG	5004 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Monthly	24 Hour Composite

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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.58	2.58	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.7	8.7	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1236	1940	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	137	137	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.51	.51	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.596	.596	lb/d	******	62.2	62.2	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		01/17/2018
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0068	.0068	lb/d	******	.712	.712	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.59	3.59	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	2010	2010	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.145	1.145	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.63	1.51	lb/d	******	66	158	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	10	23	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab

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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)

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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	31	41	lb/d	******	3	4	mg/L		Weekly	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	801 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	284	******	mg/L		Weekly	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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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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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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	3672	3672	pg/L		Once per 2 Months	24 Hour Composite
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

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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)

Influent PCB results are blank and K flag corrected.

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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .52	< .52	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .532	< .532	pg/L		Quarterly	24 Hour Composite
03556 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1.2	< 1.2	mg/L		Quarterly	Grab
03582 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	339	339	mg/L		Quarterly	24 Hour Composite
70295 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	0	0	pg/L		Quarterly	24 Hour Composite
79819 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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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)

Effluent PCB result are blank and K flag corrected.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	13.9	15.8	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	6.5	7.5	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.1	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	113	113	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	52	61	lb/d	******	5	6	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	214	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.6	.9	lb/d	******	.06	.09	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1575 MO AVG	5004 DAILY MX	lb/d	******	78.7 MO AVG	250 DAILY MX	mg/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.56	1.56	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.91	7.91	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1399	2340	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	131	131	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.64	.64	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	.567	.567	lb/d	******	57.4	57.4	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite

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Form Approved
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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0099	.0099	lb/d	******	1	1	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	3.49	3.49	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	1290	1290	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.271	1.527	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.4	.48	lb/d	******	38	45	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	8	17	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		02/13/2018
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
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01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	38	44	lb/d	******	4	4	mg/L		Weekly	24 Hour Composite
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	801 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	240	******	mg/L		Weekly	24 Hour Composite
80082 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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MONITORING PERIOD	
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02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
External Outfall

No Discharge ☐

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.3	15	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	6.4	7.8	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.1	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	116	116	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	43	52	lb/d	******	4	5	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	200	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	NODI 9				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.95	1.95	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.83	7.83	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	30	54.2	lb/d	******	3037	5437	ug/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	128	128	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.64	.64	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ID0026590	001-A
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02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
External Outfall

No Discharge ☐

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Zinc, total recoverable	SAMPLE MEASUREMENT	.595	.595	lb/d	******	53.5	53.5	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0161	.0161	lb/d	******	1.45	1.45	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2.97	2.97	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	1540	1540	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.216	1.453	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.36	.55	lb/d	******	36	50	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	4	10	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	35	37	lb/d	******	4	4	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	218	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		03/15/2018
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	.9	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		03/15/2018
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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. R=Feb-Sep, report partial seasonal average load. (Part I.B.10 & Attach A for averaging).

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	3346	3346	pg/L		Once per 2 Months	24 Hour Composite
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Influent PCB result is 10X blank corrected.

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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	14.1	15.6	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	7.3	7.9	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.2	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	146	146	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	56	66	lb/d	******	6	8	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	230	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	NODI 9				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.12	2.12	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.5	7.5	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.1	10.9	lb/d	******	319	1160	ug/L		Three per Week	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	139	139	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.62	.62	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.392	.392	lb/d	******	41.6	41.6	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0115	.0115	lb/d	******	1.22	1.22	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2.81	2.81	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	188	188	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.189	1.33	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.27	.4	lb/d	******	27	40	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	4	12	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	31	38.3	lb/d	******	3	4	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	226	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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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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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	1.38	lb/d	******	******	******	******		Three per Week	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		04/14/2018
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)
Seasonal average is based on February 1 - March 31, 2018, not the above stated monitoring period.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	< .547	< .547	pg/L		Quarterly	24 Hour Composite
03556 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	******	******	******	******	0	0	pg/L		Quarterly	24 Hour Composite
03556 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< 1.2	< 1.2	mg/L		Quarterly	Grab
03582 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	345	345	mg/L		Quarterly	24 Hour Composite
70295 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	7	7	pg/L		Quarterly	24 Hour Composite
79819 U 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Quarterly	24 Hour Composite

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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)

Effluent PCB results are 10X blank corrected.Effluent Dioxin result is k flag corrected.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******	15.1	16.9	deg C		Five per Week	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	6.5	7.5	******	mg/L		Five per Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.4	******	7.1	SU		Five per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	107	107	mg/L		Monthly	24 Hour Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	34	50	lb/d	******	3	4	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	220	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 9	******		******	NODI 9	NODI 9				
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

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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)

Effluent composite ammonia and phosphorus were not tested as required on 4/4 and 4/5, please see attached letter.

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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HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.67	1.67	mg/L		Monthly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	6.3	6.3	mg/L		Monthly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4	7.2	lb/d	******	393	741	ug/L		10 per Month	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	119	119	mg/L		Monthly	24 Hour Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	.53	.53	ug/L		Monthly	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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)

Effluent composite ammonia and phosphorus were not tested as required on 4/4 and 4/5, please see attached letter.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT	.461	.461	lb/d	******	39.9	39.9	ug/L		Monthly	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5	ug/L		Monthly	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	.0131	.0131	lb/d	******	1.13	1.13	ug/L		Monthly	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2.37	2.37	ug/L		Monthly	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	141	141	ug/L		Monthly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.213	1.535	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.33	.48	lb/d	******	32	50	ug/L		Four per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

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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)

Effluent composite ammonia and phosphorus were not tested as required on 4/4 and 4/5, please see attached letter.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	13	37	#/100mL		Twice per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	23	27.3	lb/d	******	2	3	mg/L		Three per Week	24 Hour Composite
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******	194	******	mg/L		Three per Week	24 Hour Composite
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Effluent composite ammonia and phosphorus were not tested as required on 4/4 and 4/5, please see attached letter.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Effluent composite ammonia and phosphorus were not tested as required on 4/4 and 4/5, please see attached letter.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******	2.49	lb/d	******	******	******	******		10 per Month	24 Hour Composite
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		05/11/2018
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)

Effluent composite ammonia and phosphorus were not tested as required on 4/4 and 4/5, please see attached letter.Seasonal average is based on February 1 - April 30, 2018, not the above stated monitoring period.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
Spokane River
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			
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	******	******	******	******	5524	5524	pg/L		Once per 2 Months	24 Hour Composite
79819 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Once per 2 Months	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ken Windram/ Administrator	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.	ken windram	(287)722-0672		05/11/2018
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)

Influent PCB results are 10X blank corrected.

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: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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	******	******	******	******						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five per Week	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******			******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO MIN	Req. Mon. MO AVG	******	mg/L		Five per Week	Grab
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.2 INST MIN	******	9 INST MAX	SU		Five per Week	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******						
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******		******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		******		******						
00610 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

ID0026590	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX 7D AV	ug/L		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT		******		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	1.33 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 SC 0 See Comments	PERMIT REQUIREMENT	76 MO AVG	114 WKLY AVG	lb/d	******	Req. Mon. MO AVG	Req. Mon. MX WK AV	mg/L		Three per Week	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******						
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.77 MO AVG	2.24 DAILY MX	lb/d	******	88.2 MO AVG	112 DAILY MX	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT				******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.075 DAILY MX	lb/d	******	2 MO AVG	3.76 DAILY MX	ug/L		Monthly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******						
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	10 MO AVG	15 WKLY AVG	lb/d	******	500 MO AVG	750 WKLY AVG	ug/L		Four per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAYDEN AREA REGIONAL SEWER BOARD
ADDRESS: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	Grab
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT				******						
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MX 7D AV	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******	******	******	******		******				
80082 G 1 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT		******		******	******	******	******			
80082 Q 0 See Comments	PERMIT REQUIREMENT	77.4 AVERAGE	******	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT				******						
80082 SC 0 See Comments	PERMIT REQUIREMENT	313 AVERAGE	500 WKLY AVG	lb/d	******	25 MO AVG	40 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
80358 K 1 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
BOD, carbonaceous, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
80358 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. Q=Seasonal Average;report on Oct DMR (Part I.B.10 & Attach A for averaging). O=Jun-Sept Spokane Rvr flow LTE 2000cfs.P=June-Sep, Spokane River flow >2000 cfs.Q=Limit is seasonal avg; rpt on Oct. DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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HAYDEN, ID 83835

ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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
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TYPED OR PRINTED					

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: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
FACILITY: HAYDEN AREA REGIONAL SEWER BOARD - HARSB WWT
LOCATION: 10789 NORTH ATLAS ROAD
HAYDEN, ID 83835
ATTN: KEN WINDRAM, ADMINISTRATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0026590	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83835
MAJOR
(SUBR 01)
SPOKANE RIVER
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, ammonia total [as N]	SAMPLE MEASUREMENT	******			******	******	******	******			
00610 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******			******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	******			******	******	******	******			
80082 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. RPT AVG	lb/d	******	******	******	******		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Feb-Oct requirements for Carbonaceous BOD & T Phos apply for Spokane Rvr flow from Jun-Sept LTE 2000cfs. R=Feb-Sep, report partial seasonal average load. (Part I.B.10 & Attach A for averaging).