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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15.52	16.8			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64.97	16.24		******	21	5.25			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	410.8	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.8			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	116.03	16.24		******	21	9.37			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	298.9	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.25	.391		******	******	******	******		Continuous	Grab
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)

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DISCHARGE MONITORING REPORT (DMR)

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DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83422
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(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	.023	.08		******	.026	.59				Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2	20				Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

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LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

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(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	71.9	17.97		******	23.24	5.81			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	115 MO AVG	230 WKLY AVG	lb/d	******	23 MO AVG	46 WKLY AVG	mg/L		Twice per Month	Grab

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10/01/2013	10/31/2013

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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	******	******	******	******	5.8	6.1			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	93.06	23.26		******	37.7	9.4			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	349.7	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	8.1			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	116.02	29		******	47	11.75			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	196	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.302	.502		******	******	******	******		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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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.018	.08		******	.02	.44			Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	3	12			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	76	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

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10/01/2013	10/31/2013

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OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	53.05	13.26		******	21.49	5.37			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	3.98	4.1			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.1	2		******	3.9	.97			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	250	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.9	******	8.4			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	8.4	2.1		******	4	1			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	135	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.233	.262		******	******	******	******		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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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		******	0	0			Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	29.63	7.4		******	14.1	3.52			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	8.8	9.2			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	10.8	10.8			Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.88	2.47		******	3	.75			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	807.2	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	8.2			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	180	180			Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	13.17	3.29		******	4	1			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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DRIGGS, ID 83422
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LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

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12/01/2013	12/31/2013

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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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1643	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	6.6	6.6			Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	4	4.1			Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.87	3.87			Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	7.4	7.4			Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.391	.512		******	******	******	******		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		******	0	0			Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

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DRIGGS, ID 83422
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LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
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ID0020141	001-A
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12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83422
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(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	352	352			Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

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DRIGGS, ID 83422
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LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	21.14	5.2		******	6.42	1.6			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

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OUTFALL TO TRIB. TO WOODS CR.
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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	******	******	******	******	4.96	5.1			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10.21	2.5		******	3.1	.775			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	162.5	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.9			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	13.17	3.29		******	4	1			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	122	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.388	.45		******	******	******	******		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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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		******	0	0			Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1				Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

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ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83422
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(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	68.06	17.01		******	20.66	5.16			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.06	7.5			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14.64	3.6		******	4.2	1.05			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	258.9	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.7			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	13.94	3.48		******	4	1			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	156.4	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.398	.556		******	******	******	******		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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LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
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ID0020141	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

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MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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		******	0	0			Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	81.12	20.28		******	23.27	5.81			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	6.94	7.5			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	36.4	9.1		******	8.8	2.2			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	227.3	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.8			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	16.51	4.13		******	4	1			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	143.4	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.375	.596		******	******	******	******		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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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		******	0	0			Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1				Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	102.21	25.55		******	24.71	6.17			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.9	9.1			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.36	4.59		******	6.1	1.5			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	336	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.9			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12.04	3.01		******	4	1			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	484.9	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.314	.447		******	******	******	******		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)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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		******	0	0			Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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)

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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
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DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	22.71	90.86		******	30.18	7.54			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	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)

NATIONAL 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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DRIGGS, ID 83422
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LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9.88	11.69			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	39.63	9.9		******	8.9	2.22			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	252.8	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.9			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	17.81	4.45		******	4	1			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	146.2	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.389	.594		******	******	******	******		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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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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		******	0	0			Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	155.83	38.96		******	34.99	8.74			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	12.69	13.09			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	10.2	10.2			Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	38.28	9.5		******	6.8	1.7			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	122.9	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.9	******	8.2			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	290	290			Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	22.51	5.6		******	4	1			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

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DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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, total suspended	SAMPLE MEASUREMENT	******	******	******	******	74.9	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	36.3	36.3			Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1			Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.9	3.9			Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	2	2			Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.671	.794		******	******	******	******		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 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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06/01/2014	06/30/2014

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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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	300	300			Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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ID0020141	001-B
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MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	132.68	33.17		******	23.57	5.89			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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ID0020141	001-A
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07/01/2014	07/31/2014

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(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.88	16.83			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	55.17	13.79		******	11.1	2.77			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	144.5	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.2	******	8.7			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	21.87	5.46		******	4.4	1.1			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	90.5	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.596	.74		******	******	******	******		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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ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
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ID0020141	001-A
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MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83422
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(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
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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			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

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07/01/2014	07/31/2014

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OUTFALL TO TRIB. TO WOODS CR.
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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	88.32	22.08		******	17.77	4.44			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	19.19			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	124.85	31.21		******	25.9	6.47			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	342.3	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.3	******	8.6			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	64.11	16.02		******	13.3	3.32			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	183.1	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.549	.722		******	******	******	******		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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	3	12			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	119.25	29.81		******	24.74	6.18			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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DRIGGS, ID 83422
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LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17.08	17.38			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	31.92	7.98		******	9.5	2.37			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	297.6	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.2	******	8.3			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	17.14	4.28		******	5.1	1.2			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	170	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.336	.463		******	******	******	******		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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LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
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ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	36	291			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
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09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	112.86	28.21		******	33.58	8.39			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
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ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83422
MINOR
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OUTFALL TO TRIB. TO WOODS CR.
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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	******	******	******	******	15.15	16.33			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16.76	4.19		******	5.6	1.4			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	287	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.2	******	8.3			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	13.47	3.36		******	4.5	1.125			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	136.7	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.316	.403		******	******	******	******		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)

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ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
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ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83422
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OUTFALL TO TRIB. TO WOODS CR.
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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	NODI 9	NODI 9		******	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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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PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

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OUTFALL TO TRIB. TO WOODS CR.
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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	37.51	9.37		******	12.53	3.1325			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	10.51	15.08			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.88	2.47		******	3.8	.95			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	308	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.1	******	8.3			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	10.4	2.6		******	4	1			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	194	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.23	.431		******	******	******	******		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.	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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	4.89	1.22		******	1.88	.47			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9.09	10.65			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	10.4	10.4			Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.06	3.01		******	5.3	1.32			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	279.4	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.3	******	8.4			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	140	140			Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	10.01	2.5		******	4.4	1.1			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice 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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NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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, total suspended	SAMPLE MEASUREMENT	******	******	******	******	156	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.8	1.8			Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< .1	< .1			Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	390	390			Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	5	5			Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.293	.431		******	******	******	******		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 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

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(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	5.51	5.51			Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

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DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	7.55	1.8		******	3.32	.83			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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	******	******	******	******	8.55	9.06			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	25.04	6.26		******	9.1	2.27			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	257.3	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.3	******	8.4			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	11.08	2.75		******	4	1			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	134.4	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.262	.431		******	******	******	******		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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FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
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ID0020141	001-A
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01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83422
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(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Three per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	75.52	18.88		******	27.44	6.86			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	8.23	9.03			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.5	1.62		******	3.75	1			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	278.55	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.3	******	8.4			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6.93	1.73		******	4	1			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	143.8	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.18	.431		******	******	******	******		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					

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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	50.45	12.61		******	29.08	7.27			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	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					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	8.03	9.67			Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	21.96	5.49		******	11.65	2.91			Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	308.95	******			Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.3	******	8.4			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	8.76	2.19		******	4.65	1.16			Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	150.65	******			Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.29	.619		******	******	******	******		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					

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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	8	179			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Twice per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	54.94	13.73		******	29.15	7.28			Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9.75	11.26				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	72	18		******	18.75	4.69				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	280.45	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.04	******	8.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	27.45	6.86		******	7.15	1.79				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	147.1	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.32	.609		******	******	******	******			
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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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	0	17				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	29.66	118.64		******	30.9	7.72				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	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					

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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: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	12.78				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	27.99	6.99		******	13.2	3.3				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	232.65	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.3	******	8.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	8.48	2.12		******	4	1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	102	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.322	643.1		******	******	******	******			
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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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DRIGGS, ID 83422
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LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	4	5				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

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Form Approved
OMB No. 2040-0004

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ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	44.43	11.1		******	20.95	15.23				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.69	17.95				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	9.5	9.5				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	106.46	26.62		******	13.4	1.56				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	65.2	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.2	******	8.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	200	200				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	49.66	12.41		******	6.25	1.56				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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, total suspended	SAMPLE MEASUREMENT	******	******	******	******	43.25	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.9	7.9				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	3.05	3.05				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.09	2.09				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	< .5	< .5				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.862	1.074		******	******	******	******			
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 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

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LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	******	******	******	2	4				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	264	264				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	79.45	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	85.55	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

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06/01/2015	06/30/2015

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(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	54.53	13.63		******	6.86	1.72				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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07/01/2015	07/31/2015

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MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17.27	19.65				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.05	1.51		******	1.11	.28				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	17.85	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.3	******	8.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	7.67	1.92		******	1.42	.35				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	9.29	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.515	.832		******	******	******	******			
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	4	40				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	84	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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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ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	4.3	1.08		******	.8	.2				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice 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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DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.43	19.28				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	56.3	14.07		******	24.65	6.16				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	423.7	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.3	******	8.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	25.12	6.28		******	11	2.75				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	194.75	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.377	.686		******	******	******	******			
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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	39	435				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94.18	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94.35	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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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ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	.6		******	1.06	.26				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17.62	19.15				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	34.69	8.67		******	9.2	2.3				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	316.75	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.4	******	8.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	31.11	7.78		******	8.28	2.06				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	181	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.433	.647		******	******	******	******			
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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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	26	54				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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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ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	3.33	.83		******	.88	.22				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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DRIGGS, ID 83422
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PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

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MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15.96	17.47				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.68	5.17		******	8.95	2.24				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	367.25	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.4	******	8.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12.71	3.18		******	5.5	1.38				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	209.35	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.278	.33		******	******	******	******			
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2	4				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	14.12	2.82		******	6.11	1.22				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	10.07	13.27				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	21.17	5.29		******	9.9	2.09				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	387.15	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.38	******	8.64				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	25.1	6.28		******	9.9	2.48				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	200.4	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.298	.381		******	******	******	******			
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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	10	17				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	28.13	7.03		******	11.1	2.77				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	10.15	11.78	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	9.7	9.7	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	75.13	18.78	lb/d	******	13.3	3.33	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	213.45	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.4	******	8.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	270	270	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	73.15	18.29	lb/d	******	12.95	3.24	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		06/10/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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, total suspended	SAMPLE MEASUREMENT	******	******	******	******	146.5	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	25.9	25.9	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.42	2.42	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.02	6.02	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	14	14	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.32	.388	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		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	3	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	398	398	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	61.85	15.46	lb/d	******	10.95	2.74	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		06/10/2016
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)
We are still investigating a solution with the engineer with the engineers

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.42	8.81	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	41.89	10.47	lb/d	******	15.7	3.93	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	381.9	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.4	******	8.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	13.34	3.33	lb/d	******	5	1.25	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	175.85	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.284	.42	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
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		02/02/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	42	68	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		02/02/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	55.63	13.91	lb/d	******	20.85	5.21	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		02/02/2016
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)

We have had a meeting with the City Engineer and IDEQ to layout a plan to resolve the Ammonia problem. The engineer will have a detailed plan to the city by the end of February then I will forward it to the 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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	6.57	7.33	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	66.51	16.63	lb/d	******	23.6	5.9	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	354.9	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.4	******	8.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	56.78	14.2	lb/d	******	20.15	5.04	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	136	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.304	.356	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
JARED GUNDERSON/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		03/09/2016
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)
We no longer use Chlorine at the WWTP. We are now using UV system.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	11	16	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JARED GUNDERSON/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		03/09/2016
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)
We no longer use Chlorine at the WWTP. We are now using UV system.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	67.35	16.84	lb/d	******	23.9	5.98	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		03/09/2016
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)
We are still working with Engineers to resolve the problem with the Ammonia reduction.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.01	7.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	50.05	12.51	lb/d	******	18.65	4.66	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	290.75	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.4	******	8.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	50.18	12.54	lb/d	******	18.7	4.68	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	208.35	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.321	.351	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
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		04/07/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	19	31	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		04/07/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	64.54	16.13	lb/d	******	24.05	6.01	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		04/07/2016
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)
We are still working with engineers to resolve this issue with the Ammonia.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	10.11	11.78	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14.84	3.71	lb/d	******	5.05	1.26	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	336.45	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.36	******	8.43	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15.13	3.78	lb/d	******	5.15	1.29	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	224	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.307	.388	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
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		05/06/2016
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)
We no longer use Chlorine in the treatment plant.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	3	15	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		05/06/2016
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)
We no longer use Chlorine in the treatment plant.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	57.43	14.36	lb/d	******	19.55	4.89	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice 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)
We are still working with the Engineers to resolve the Ammonia issue.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	10.15	11.78	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	75.13	18.78	lb/d	******	13.3	3.33	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	213.45	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.36	******	8.43	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	73.15	18.29	lb/d	******	12.95	3.24	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	146.5	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.32	.388	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
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		08/16/2016
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)
The City of Driggs no longer uses Chlorine at the WWTP.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	3	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		08/16/2016
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)
The City of Driggs no longer uses Chlorine at the WWTP.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	61.85	15.46	lb/d	******	10.95	2.74	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		08/16/2016
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)
The City is working with Engineer to resolve the Ammonia issue.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.56	14.61	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	9.7	9.7	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	49.13	12.28	lb/d	******	7.2	1.8	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	159.45	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.36	******	8.38	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	270	270	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	56.63	14.16	lb/d	******	8.3	2.08	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ PUBLIC WORKS DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		07/08/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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, total suspended	SAMPLE MEASUREMENT	******	******	******	******	82	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	25.9	25.9	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.42	2.42	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.02	6.02	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	14	14	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.71	.971	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		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ PUBLIC WORKS DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		07/08/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	******	******	******	9	109	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	398	398	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ PUBLIC WORKS DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		07/08/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	51.52	12.88	lb/d	******	7.55	1.89	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ PUBLIC WORKS DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		07/08/2016
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)

WE ARE STILL WORKING WITH THE ENGINEERS TO RESOLE THE AMMONIA ISSUE. WE HAVE IMPLEMENTED PRETREATMENT ORDINANCES AND ENFORCEMENT.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

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

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17.27	19.65	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	35.74	8.93	lb/d	******	9.45	2.36	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	183.6	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.3	******	8.3	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15.13	3.78	lb/d	******	4	1	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	102.05	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.46	.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
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		08/10/2016
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)
We have stopped using Chlorine since Jan 2014

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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)
We have stopped using Chlorine since Jan 2014

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

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

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	86.41	21.6	lb/d	******	22.85	5.71	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice 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)
We are Still working with the Engineer to get this Ammonia issue resolved.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

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

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.64	19.19	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11.53	2.88	lb/d	******	4.35	1.09	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	384.7	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	8.3	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	10.6	2.65	lb/d	******	4	1	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	.455	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.357	.41	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)
We no longer use chlorine in our treatment plant. The city uses UV

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		09/02/2016
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)
We no longer use chlorine in our treatment plant. The city uses UV

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

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

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	40.27	10.07	lb/d	******	15.2	3.8	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		09/02/2016
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)

We have been working with the city engineer to resolve the issue with the Ammonia. We had a conference call with The city engineer Aqua Engineer Scott , EPA David, and City of Driggs Jared to discuss our approach to come into compliance.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	18.94	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16.26	4.07	lb/d	******	6.15	1.54	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	375.9	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.21	******	8.28	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15.47	3.87	lb/d	******	5.85	1.46	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	239	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.317	.425	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
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		.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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2	3	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		.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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	22.07	5.52	lb/d	******	8.35	2.09	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		.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)

We are still working with our Engineer to resolve the Ammonia issue. The engineer and I have been working with David from EPA developing a action plan.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.16	16.94	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.67	1.42	lb/d	******	2	.5	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	176	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.3	******	8.3	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12.77	3.19	lb/d	******	4.5	1.13	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	112.3	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.309	.398	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
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		.1/04/201
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)

We no longer use Chlorine at the treatment plant. We have a UV system.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	5	13	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		.1/04/201
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)
We no longer use Chlorine at the treatment plant. We have a UV system.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	33.6	8.4	lb/d	******	11.9	3	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		.1/04/201
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)
We are still working with Engineers to remedy the Ammonia violations.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	10.57	12.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22.71	5.68	lb/d	******	7.9	1.98	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	.345	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.33	******	8.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	17.25	4.31	lb/d	******	6	1.5	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	.452	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.337	.386	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
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		.2/07/201
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)
We no longer use chlorine at the WWTP. We have upgraded to UV.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	3	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		.2/07/201
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)
We no longer use chlorine at the WWTP. We have upgraded to UV.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	15.99	38.53	lb/d	******	11.87	4.62	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		.2/07/201
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)

We are still working to resolve the Ammonia problems. The city has adopted a Pretreatment ordinance and are starting implementation of the plan.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	8	8.97	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	10.2	10.2	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16.07	4.02	lb/d	******	6.25	1.56	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	240.45	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.4	******	8.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	220	220	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	25.33	6.33	lb/d	******	9.85	2.46	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Public Works Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		01/10/201
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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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, total suspended	SAMPLE MEASUREMENT	******	******	******	******	99.75	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	16	16	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.83	7.83	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	5.94	5.94	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	3.6	3.6	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.327	.455	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		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	394	394	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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)

NATIONAL 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: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	11.6	28.92	lb/d	******	6.67	3.47	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice 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)
We are still working with Engineers to find problem. We are working on our sample plans.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
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FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7	7.8	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	43.71	10.93	lb/d	******	14.65	3.66	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	349.75	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.43	******	8.56	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	37.3	9.32	lb/d	******	12.5	3.13	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	177	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.329	.473	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
JARED GUNDERSON/ WASTEWATER OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		02/07/2017
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)

THE CITY NO LONGER USES CHLORINE AT THE WASTEWATER PLANT. WE HAVE INSTALLED A UV SYSTEM ON THE EFFLUENT.

NATIONAL 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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DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	3	6	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JARED GUNDERSON/ WASTEWATER OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		02/07/2017
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)

THE CITY NO LONGER USES CHLORINE AT THE WASTEWATER PLANT. WE HAVE INSTALLED A UV SYSTEM ON THE EFFLUENT.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	7.6	16.1	lb/d	******	6.43	1.93	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JARED GUNDERSON/ WASTEWATER OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		02/07/2017
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)

I HAVE BEEN REPORTING THE VIOLATIONS TO THE HOTLINE AND MAILING IN A WRITTEN COMMENTS. WE ARE WORKING WITH THE ENGINEERS FOR SOLUTIONS TO THE PROBLEM.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	6.66	7.67	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	42.22	10.56	lb/d	******	13.9	3.48	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	293.2	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.52	******	8.62	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	43.13	10.78	lb/d	******	14.2	3.55	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	148.48	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.339	.643	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
JARED GUNDERSON/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		03/07/2017
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)

We no longer use chlorine at the treatment plant. We have installed a UV system.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	48.41	80.5	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JARED GUNDERSON/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		03/07/2017
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)
We no longer use chlorine at the treatment plant. We have installed a UV system.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	10.54	20.4	lb/d	******	1.26	2.45	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	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.	Jared Gunderson	(208)354-2362		03/07/2017
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)

The Ammonia is still high. we are still pulling investigative samples through our system trying to locate possible contributors to our problem. We a working with the engineers for assistance.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.43	9.01	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	44.03	11.01	lb/d	******	13.9	3.48	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	231.7	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	8.51	******	8.63	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	19.48	4.87	lb/d	******	6.15	1.54	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	147.65	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.365	.42	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
JARED GUNDERSON/ OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		04/06/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	41.24	53.7	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JARED GUNDERSON/ OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		04/06/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	27.49	35.92	lb/d	******	3.3	4.31	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JARED GUNDERSON/ OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		04/06/2017
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)
I have reported the overages to the EPA by phone and mail.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9.49	10.15	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	162.35	40.59	lb/d	******	48.85	12.21	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	283.3	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.23	******	8.52	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	77.94	19.48	lb/d	******	23.45	5.86	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	158.35	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.393	.508	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
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		05/10/201
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)

We looked into the elevated BOD number and found we had a mechanical issue and got it repaired. The City no longer uses chlorine in our system. We have a UV system.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	5.04	85.7	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	83	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		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)

We looked into the elevated BOD number and found we had a mechanical issue and got it repaired. The City no longer uses chlorine in our system. We have a UV system.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	1.87	3.14	lb/d	******	.22	.38	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)354-2362		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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.18	12.02	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	121.67	30.42	lb/d	******	28.45	7.11	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	227.7	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.76	******	7.26	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	124.45	31.11	lb/d	******	29.1	7.28	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	103.5	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.525	.851	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
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		06/09/2017
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)
City no longer uses Chlorine for disinfection.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	12.97	21.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	72	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		06/09/2017
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)
City no longer uses Chlorine for disinfection.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	1.37	lb/d	******	.14	.16	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		06/09/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR 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	14.48	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	10	10	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	212.63	53.16	lb/d	******	21	5.25	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	85.05	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.78	******	6.92	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	210	210	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	196.93	49.23	lb/d	******	19.45	4.86	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice 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)
THE SYSTEM IS RECEIVING HIGH INFLOW FROM HIGH GROUND WATER.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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, total suspended	SAMPLE MEASUREMENT	******	******	******	******	49	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.4	7.4	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	3.49	3.49	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.75	1.75	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	2.7	2.7	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.293	1.758	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		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		07/14/2017
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)
THE SYSTEM IS RECEIVING HIGH INFLOW FROM HIGH GROUND WATER.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	******	******	******	122.89	231	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	370	370	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	75	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	60	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		07/14/2017
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)
THE SYSTEM IS RECEIVING HIGH INFLOW FROM HIGH GROUND WATER.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	34.27	39.89	lb/d	******	4.11	4.78	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		07/14/2017
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)
The city is working with EPA and our engineers to find the cause of the Ammonia.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15.56	17.1	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	207.3	51.83	lb/d	******	21.45	5.36	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	92.55	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	170.58	42.64	lb/d	******	17.65	4.41	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	60	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.144	1.225	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
JARED GUNDERSON/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		08/09/2017
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)

The flows are high this month because of I&I. We are working on locating the areas of I&I and making repairs.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	41.24	53.7	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	77	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	71	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JARED GUNDERSON/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		08/09/2017
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)

The flows are high this month because of I&I. We are working on locating the areas of I&I and making repairs.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	89.56	95.9	lb/d	******	10.74	11.5	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JARED GUNDERSON/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		08/09/2017
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)
I have submitted the written response and called the hotline for these permit limits.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17.01	17.92	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	88.35	22.09	lb/d	******	16.95	4.24	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	117.4	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.97	******	7.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	67.24	16.81	lb/d	******	12.9	3.23	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	79.5	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.569	.866	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
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		09/08/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.4	4.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	84	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		09/08/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	68.59	84.03	lb/d	******	8.22	10.08	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		09/08/2017
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)

I have called the hotline and mailed the response to EPA. In the response letter I have explained the efforts the city has taken to resolve the overage of our limits.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17.26	18.86	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	54.77	13.69	lb/d	******	18.45	4.61	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	316.55	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.23	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	54.77	13.69	lb/d	******	18.45	4.61	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	203.1	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.42	.62	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
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		.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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	123.89	219.8	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		.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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	25.58	28.43	lb/d	******	3.07	3.41	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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

We have seen improvements in our reduction of Ammonia this month We are continuing our efforts with Aquarius and bringing in other treatment pilots to continue our progress to meeting permit. I have reported our exceedance limit to the hotline.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.88	15.53	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	25.53	6.38	lb/d	******	12.75	3.19	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	238.45	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.74	******	7.11	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	13.31	3.33	lb/d	******	6.65	1.66	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	128	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.303	.401	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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.25	3	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	8.48	8.48	lb/d	******	1.02	1.02	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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

The city has changes some of the process and seeing improvement with the reduction in ammonia. We will Add to dictionary details to EPA on our progress.

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

Form Approved
OMB No. 2040-0004

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ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	10.12	12.14	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	38.55	9.64	lb/d	******	11.85	2.96	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	253.35	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.71	******	6.99	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	18.38	4.59	lb/d	******	5.65	1.41	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	151.55	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.396	.555	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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
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DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.55	3	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	4.19	4.25	lb/d	******	.5	.51	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
City is still working on measures to find a long term solution to keep ammonia limits below the NPDES limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
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ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	8.39	9.1	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	10.5	10.5	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	37.68	9.42	lb/d	******	13.9	3.48	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	321	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.73	******	7.06	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	210	210	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	24.53	6.13	lb/d	******	9.05	2.26	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JARED GUNDERSON/ OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		01/07/2018
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)

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

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DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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, total suspended	SAMPLE MEASUREMENT	******	******	******	******	136.45	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	6.2	6.2	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	9.87	9.87	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.82	.82	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	5.7	5.7	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.374	.625	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		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JARED GUNDERSON/ OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		01/07/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	******	******	******	29.3	38.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	404	404	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JARED GUNDERSON/ OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		01/07/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	2.4	2.61	lb/d	******	.29	.31	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JARED GUNDERSON/ OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		01/07/2018
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)
We are still supplementing the plant with bugs. The process is still improving in ammonia reduction.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.58	8.72	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64.81	16.2	lb/d	******	23.15	5.79	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	276.15	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.66	******	8.38	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	17.22	4.3	lb/d	******	6.15	1.54	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	152.35	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.334	.4	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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.15	2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	41.25	49.04	lb/d	******	4.95	5.88	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		02/08/2018
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)

The cold temperatures have slowed our nitrification process. We are still actively working with the manufacturers and engineers to correct our effluent water. I have placed the call to the hot line and mailed the written 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: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.01	7.85	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	39.49	9.87	lb/d	******	13.65	3.41	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	225.55	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.47	******	7.69	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	11.57	2.89	lb/d	******	4	1	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	125	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.327	.601	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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	E 0	E 0	lb/d	******	E 0	E 0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	3.08	14.2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		03/08/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	47.94	55.76	lb/d	******	5.75	6.69	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		03/08/2018
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)
Ammonia is high I have called the hotline and we have mailed a detailed explanation of violation.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	6.66	7.43	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	62.05	15.51	lb/d	******	22.25	5.56	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	260.7	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.07	******	7.43	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	35.28	8.82	lb/d	******	12.65	3.16	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	144.35	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.341	.607	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
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		04/10/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	9.8	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		04/10/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	53.18	62.27	lb/d	******	6.38	7.47	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		04/10/2018
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)
Calling Hotline and sent letter of details for Ammonia Max exceedance.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.53	10.34	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	108.71	27.18	lb/d	******	30.95	7.74	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	276.7	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.11	******	7.63	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	94.83	23.71	lb/d	******	27	6.75	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	147.5	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.496	.832	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)
The city no longer uses chlorine for disinfection. We have a UV system.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	9.6	40.2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	82	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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)
The city no longer uses chlorine for disinfection. We have a UV system.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	73.42	111.69	lb/d	******	8.8	13.39	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice 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)

We have reported our ammonia to the hotline. We are seeding the plant now the temperature is increasing. We are seeing improvements in the ammonia reduction.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	12.04	17.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	30.18	7.55	lb/d	******	7.75	1.94	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	171	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.09	******	7.37	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	53.16	13.29	lb/d	******	13.65	3.41	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	163.5	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.69	1.741	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
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		06/07/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.59	5.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		06/07/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	93.97	96.27	lb/d	******	11.27	11.54	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		06/07/2018
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)

May 24th Spring runoff has started raising our flows from a average of 400gpd to over 1.0 mgd. We are seeding our plant and are seeing the ammonia slowly coming back to permit levels.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.98	12.98	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	11.3	11.3	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	140.66	35.17	lb/d	******	13.65	3.41	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	72.7	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.25	******	7.41	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	180	180	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	152	38	lb/d	******	14.75	3.69	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Gunderson/ DRC Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		07/10/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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, total suspended	SAMPLE MEASUREMENT	******	******	******	******	51.5	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	6.6	6.6	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	5.36	5.36	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.64	1.64	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	4.8	4.8	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.179	1.28	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		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	******	******	******	2.65	4.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	352	352	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	81	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	71	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	15.34	15.99	lb/d	******	1.84	1.92	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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

I&I is a issue with rising ground water coming into our system are raising our daily flows to above + 1 MGD. We have been inspecting our collection system and making repairs as we find issues. The ammonia is high this month as result of the high flows in the plant. the 2 ammonia readings for the month are 1.48 mg/l and 1.61 mg/l.

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

Form Approved
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DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15.49	17.71	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	281.44	70.36	lb/d	******	38.35	9.59	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	164.15	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	7.22	******	7.39	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	170.63	42.66	lb/d	******	23.25	5.81	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	85.5	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.956	1.184	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
JARED GUNDERSON/ DRC OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		08/08/2018
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)

Plant incoming flows had been increased I&I at the first of the month and have slowed. We did do some work and plug some problems in our system. This did help with the decrease in flows to the plant. The final BOD sample was made after we made repairs and show improvement in our removal of BOD.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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	******	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	107.73	365.4	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	77	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	73	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JARED GUNDERSON/ DRC OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		08/08/2018
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)

Plant incoming flows had been increased I&I at the first of the month and have slowed. We did do some work and plug some problems in our system. This did help with the decrease in flows to the plant. The final BOD sample was made after we made repairs and show improvement in our removal of BOD.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	80.86	101.17	lb/d	******	9.7	12.13	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	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.	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(208)270-0209		08/08/2018
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

We are Increasing our dosing of nitrifying bacteria to our basins. We are working with the plan designer to solve the nitrification issues.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17.11	18.39	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	121.95	30.49	lb/d	******	28.9	7.23	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	227.4	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.99	******	7.37	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	27.43	6.86	lb/d	******	6.5	1.63	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	136.95	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.501	.833	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
JARED GUNDERSON/ DRC OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		09/06/2018
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)
The city no longer uses chlorine in our plant. We are using UV for disinfection.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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 8	NODI 8		******	NODI 8	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	11.63	31.5	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JARED GUNDERSON/ DRC OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		09/06/2018
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)
The city no longer uses chlorine in our plant. We are using UV for disinfection.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	5.53	lb/d	******	.5	.66	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JARED GUNDERSON/ DRC OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		09/06/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16.71	17.47	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	115.52	28.88	lb/d	******	26.05	6.51	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	289.8	******	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	6.74	******	7.11	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	52.1	13.03	lb/d	******	11.75	2.94	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	155.45	******	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	52.1	13.03	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
JARED GUNDERSON/ DRC OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		.0/09/201
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)

The city is no longer using chlorine in the treatment plant. We use uv system for our effluent.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External 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 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	******	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	69.55	88.2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JARED GUNDERSON/ DRC OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		.0/09/201
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)
The city is no longer using chlorine in the treatment plant. We use uv system for our effluent.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES ROAD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020141	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall
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	2.95	lb/d	******	.2	.35	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	******	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JARED GUNDERSON/ DRC Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	(208)270-0209		.0/09/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.46	.46		******	22	22			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	363	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.29	******	8.71			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3.34	2.78		******	8	8			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	522	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.18			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	.3		******	******	.89		1	Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	.81		******	******	1.95		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.05	.05		******	******	******	******		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	.12	.15		******	.034	.43			Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.84	1.84			Weekdays	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14.11	14.11		******	36	36			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	1860	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.12	******	8.81			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.35	2.26		******	6	6			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1725	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.27			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	.16		******	******	1.62		1	Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	.73		******	******	1.86		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.047	.047		******	******	******	******		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	.14	.17		******	.038	.44			Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	100	******	******			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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NAME: INKOM, CITY OF
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INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020249	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.68	3.68		******	9	9			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	252	******			Daily	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.61	******	8.53			Daily	Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	4.9	4.56		******	12	12			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	154	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.88			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	1.97		******	******	4.82		1	Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	.74		******	******	1.8		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.049	.049		******	******	******	******		Daily	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.13	.17		******	.033	.45			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			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: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.97	6.97		******	19	19			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	222	******			Daily	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.63	******	8.54			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5.5	3.12		******	15	15			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	98	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	7.14			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	1.93		******	******	.71		1	Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DMR Mailing ZIP CODE: 83245
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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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	1.17		******	******	3.18		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.044	.044		******	******	******	******		Daily	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.12	.16		******	.031	.42			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	12.42	12.42			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******			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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ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.25	2.25		******	8	8			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	251	******			Daily	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.24	******	8.29			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.77	.42		******	< 2	< 2			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	134	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.28			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	1.99		******	******	.55		1	Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.88		******	******	4.9		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.046	.046		******	******	******	******		Daily	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.01	.17		******	.039	.46			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

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INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13.21	13.21		******	36	36			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	336	******			Daily	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	8.4			Daily	Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.41	1.66		******	4	4			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	112	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	20.38			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	.71		******	******	1.42		1	Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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ATTN: JOEL JOLLEY, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020249	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83245
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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	2.1		******	******	5.72		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.042	.042		******	******	******	******		Daily	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.19	.2		******	.044	.48			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	228.8	228.8			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.45	2.56		******	7	7			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	282	******			Daily	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.89	******				Daily	Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	9.54	6.5		******	26	26			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	248	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	17.66			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	7.98		******	******	1.8		1	Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83245
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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 [as P]	SAMPLE MEASUREMENT	******	1.41		******	******	3.85		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.044	.044		******	******	******	******		Daily	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.15	.19		******	.035	.45			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Composite
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Monthly	Composite
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)
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ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	28.22	28.22		******	72	72			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	570	******			Daily	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.98	******	8.99			Daily	Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.18	2.26		******	10	10			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	272	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	10.75			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	.51		******	******	1.31		1	Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83245
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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 [as P]	SAMPLE MEASUREMENT	******	1.77		******	******	4.51		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	47	.047		******	******	******	******		Daily	Grab
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	.15		******	.029	.42			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******			Monthly	Composite
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Composite
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.58	3.58		******	10	10			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	282	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.45	******	8.91			Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.71	.4		******	< 2	< 2			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	140	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	13.72			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	.39		******	******	.39		1	Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.94		******	******	5.41		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.043	.043		******	******	******	******		Daily	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.11	.15		******	.033	.44			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.67	2.67		******	8	8			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	198	******			Daily	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.23	******	8.31			Daily	Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1	.58		******	3	3			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	108	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	16.58			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	.14		******	******	.41			Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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TYPED OR PRINTED					

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

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

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INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.63		******	******	4.9		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.04	.04		******	******	******	******		Daily	Grab
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	.01		******	.033	.44			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	36.16	36.16			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3	3		******	9	9			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	282	******			Daily	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.14	******	8.6			Daily	Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5.34	2.81		******	16	16			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	101	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	8.02			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	.17		******	******	.5		1	Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
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INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
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INKOM, ID 83245
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ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.25		******	******	3.76		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.04	.04		******	******	******	******		Daily	Composite
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		******	.31	.4			Daily	Composite
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	84	******	******			Monthly	Calculated
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

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INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	39.23	39.23		******	96	96			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	360	******			Daily	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.24	******	9.01			Daily	Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	10.22	5.75		******	25	25			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	76	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	5.43			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	.14		******	******	.35			Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.02		******	******	2.49		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.049	.049		******	******	******	******		Daily	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.17	.01		******	.027	.44			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	53.62	53.62			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	73	******	******		1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	67	******	******		1	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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16.51	16.51		******	38	38		1	Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	188	******			Daily	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.94	******	8.66			Daily	Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	9.97	4.79		******	23	23			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	81	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.15			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	1.08		******	******	2.48		1	Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	.93		******	******	2.14		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.052	.052		******	******	******	******		Daily	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.15	.01		******	.026	.41			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	7.7	7.7			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	80	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	72	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	4		******	10	10			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	720	******			Daily	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.48	******	8.87			Daily	Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6.38	6.38		******	17	17			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	742	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.38			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	1.01		******	******	2.69		1	Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	.73		******	******	1.94		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.045	.045		******	******	******	******		Daily	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.11	.14		******	.29	.37			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.6	.6			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: INKOM, CITY OF - INKOM WWTP
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ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.25	4.25		******	10	10			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	348	******			Daily	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.21	******	8.61			Daily	Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.55	2.55		******	6	6			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	296	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	6.69			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	1.05		******	******	7.06		1	Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	1.23		******	******	2.89		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.051	.051		******	******	******	******		Daily	Grab
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	.12		******	.24	.32			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.8	.8			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.25	1.25		******	3	3			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	276	******			Daily	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.15	******	8.44			Daily	Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	-.83	-.83		******	-2	-2			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	142	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	14.97			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	6.41		******	******	15.38		1	Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.76		******	******	4.23		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.05	.05		******	******	******	******		Daily	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.16	.19		******	.38	.45			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.5	.5			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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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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INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.45	2.45		******	6	6			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	135	******			Daily	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.17	******	8.11			Daily	Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3.68	3.68		******	9	9			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	128	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	20.65			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	8.72		******	******	21.35		1	Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.61		******	******	3.94		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.049	.049		******	******	******	******		Daily	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.12	.14		******	.29	.34			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.5	1.5			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			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: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.4	4.4		******	11	11			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	186	******			Daily	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.21	******	7.54			Daily	Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3.2	3.2		******	8	8			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	238	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	20.47			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	8.61		******	******	21.5		1	Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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: INKOM, CITY OF
ADDRESS: P.O. BOX 60
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PERMIT NUMBER	DISCHARGE NUMBER
ID0020249	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.68		******	******	4.2		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.048	.048		******	******	******	******		Daily	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.11	.13		******	.28	.34			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.5	.5			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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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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INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.41	6.41		******	16	16			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	720	******			Daily	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	8.4			Daily	Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	11.61	11.61		******	29	29			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	156	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	19.82			Monthly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	9.34		******	******	23.34		1	Monthly	Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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DMR Mailing ZIP CODE: 83245
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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 [as P]	SAMPLE MEASUREMENT	******	1.61		******	******	4.02		1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.048	.048		******	******	******	******		Daily	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.13	.15		******	.32	.42			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.9	.9			Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	81	******	******		1	Monthly	Calculated
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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.19	12.19		******	34	34				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	288	******			Daily	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	9.24	******	7.43			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3.23	3.23		******	9	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	340	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	12.78				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	5.4		******	******	15.07				
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.05		******	******	2.94				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.043	.043		******	******	******	******		Daily	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.15	.11		******	.29	.39			Daily	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.5	.5				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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TYPED OR PRINTED					

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LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.67	7.67		******	20	20				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	270	******			Daily	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.18	******	9.48			Daily	Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6.52	6.52		******	17	17				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	165	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.18				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	1.57		******	******	4.08		1		
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	.63		******	******	1.65		1		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.046	.046		******	******	******	******		Daily	Grab
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	.15		******	.22	.37			Daily	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2.3	2.3			Weekly	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14.2	14.2		******	41	41				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	234	******			Daily	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.1	******	9.36			Daily	Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6.5	6.5		******	19	19				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	179	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	5.56				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	2.13		******	******	6.22		1		
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	.79		******	******	2.3				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.041	.041		******	******	******	******		Daily	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.12	.09		******	.23	.31			Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.8	.8			Weekly	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	82	******	******		1		
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.88	7.88		******	21	21				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	264	******			Daily	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.03	******	8.32			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	8.26	8.26		******	22	22				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	169	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.37				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	1.25		******	******	3.32				
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	.24		******	******	.65				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.045	.045		******	******	******	******		Daily	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.11	.16		******	.3	.41			Daily	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.76	.76			Weekly	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10.41	10.41		******	26	26				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	231	******			Daily	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.32	******	8.89			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	8.41	8.41		******	21	21				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	80	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	4.43				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	2.11		******	******	5.27				
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMIT NUMBER	DISCHARGE NUMBER
ID0020249	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	.87		******	******	2.17				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.048	.048		******	******	******	******		Daily	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.12	.17		******	.3	.43			Daily	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.574	.574			Weekly	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	74	******	******				
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

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ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.01	8.01		******	20	20				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	372	******			Daily	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.31	******	8.57			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	8.01	8.01		******	20	20				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	317	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.53				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	.54		******	******	1.36				
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	.66		******	******	1.66				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.048	.048		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.14	.15		******	.34	.41			Daily	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.5	.5			Weekly	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
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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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.1	1.1		******	3	3				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	312	******			Daily	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.54	******	8.33			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.73	.73		******	2	2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	147	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	8.01				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	3.25		******	******	8.86				
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	1.38		******	******	3.77				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.044	.044		******	******	******	******		Daily	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.13	.17		******	.35	.43			Daily	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.6	.6			Weekly	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	101	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.2	1.2		******	3	3				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	384	******			Daily	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.77	******	7.89			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.2	1.2		******	3	3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	163	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	10.67				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	4.6		******	******	11.5				
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	1.96		******	******	4.89				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.048	.048		******	******	******	******		Daily	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.15	.17		******	.37	.44			Daily	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.5	.5			Weekly	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.45	2.45		******	6	6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	234	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.76	******	7.16			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	-.82	-.82		******	-2	-2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	205	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	12.86				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	5.61		******	******	13.73				
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	2.44		******	******	5.98				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.049	.049		******	******	******	******		Daily	
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	.11		******	.25	.31			Daily	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.3	1.3			Weekly	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	101	******	******				
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.45	2.45		******	6	6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	198	******			Daily	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.77	******	7.22				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.82	.82		******	2	2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	160	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	17.44				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	7.46		******	******	18.25				
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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: INKOM, CITY OF
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INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	2.14		******	******	5.23				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.049	.049		******	******	******	******			
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	.15		******	.19	.37			Daily	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	18.64	18.64				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
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			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.53	3.53	lb/d	******	9	9	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	264	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.89	******	7.17	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3.53	3.53	lb/d	******	9	9	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	214	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	23.61	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	9.57	lb/d	******	******	24.41	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		03/02/2016
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)

Excess limits of Nitrogen and Phosphorus are our consistent violations. We are working with the land owner to schedule closing date to purchase property needed to move forward with Sewer Improvement Project.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
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ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	2.32	lb/d	******	******	5.91	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.047	.047	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	.14	lb/d	******	.25	.38	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	3.41	3.41	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		03/02/2016
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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
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ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.14	3.14	lb/d	******	8	8	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	288	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.82	******	8.58	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5.49	5.49	lb/d	******	14	14	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	232	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	27.39	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	11.06	lb/d	******	******	28.22	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		04/06/2016
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)

Excess limits of Nitrogen and Phosphorus are our consistent violations. Chlorine may be high due to turning of the ponds. The City has closed on the final property needed to move forward with the sewer improvement project.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	3.78	lb/d	******	******	9.64	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.047	.047	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	.16	.17	lb/d	******	.4	.43	mg/L	1	Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.8	.8	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		04/06/2016
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)

Excess limits of Nitrogen and Phosphorus are our consistent violations. Chlorine may be high due to turning of the ponds. The City has closed on the final property needed to move forward with the sewer improvement project.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.23	3.23	lb/d	******	9	9	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	336	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.56	******	9.28	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	18.65	18.65	lb/d	******	52	52	mg/L	1	Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	225	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	9.03	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	4.29	lb/d	******	******	11.95	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)

Nitrogen and Phosphorus are our consistent violations. The numbers reported for Suspended Solids are averaged from 2 tests. The ponds turned and there was a large algae bloom. As the first test was abnormally low, we submitted a second sample. We are in the engineering stage of our sewer improvement project.

NATIONAL 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: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.13	lb/d	******	******	3.14	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.043	.043	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	.12	.14	lb/d	******	.33	.4	mg/L	1	Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.8	.8	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	77	******	******	%	1	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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Nitrogen and Phosphorus are our consistent violations. The numbers reported for Suspended Solids are averaged from 2 tests. The ponds turned and there was a large algae bloom. As the first test was abnormally low, we submitted a second sample. We are in the engineering stage of our sewer improvement project.

NATIONAL 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: INKOM, CITY OF - INKOM WWTP
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INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.51	7.51	lb/d	******	20	20	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	660	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	715	******	8.88	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3.75	3.75	lb/d	******	10	10	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	515	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	8.34	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	3.75	lb/d	******	******	9.98	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		06/06/2016
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)

Nitrogen and Phosphorus are our consistent violations. We are still in the engineering stage of our implementing our sewer improvement project.

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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ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	.97	lb/d	******	******	2.59	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.045	.045	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	.08	.13	lb/d	******	.21	.33	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.8	.8	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Nitrogen and Phosphorus are our consistent violations. We are still in the engineering stage of our implementing our sewer improvement project.

NATIONAL 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: INKOM, CITY OF - INKOM WWTP
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ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.53	7.53	lb/d	******	21	21	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	266	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.26	******	9.01	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	11.12	11.12	lb/d	******	31	31	mg/L	1	Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	181	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	5.7	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	2.35	lb/d	******	******	6.55	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)

Nitrogen and Phosphorus are our consistent monthly violations. We are still in the engineering stage of our improvement project. Plans should be out to bid within this next month.

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

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DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	.3	lb/d	******	******	.85	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.043	.043	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	.09	lb/d	******	.25	.31	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.5	.5	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	83	******	******	%	1	Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		07/07/2016
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)

Nitrogen and Phosphorus are our consistent monthly violations. We are still in the engineering stage of our improvement project. Plans should be out to bid within this next month.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.3	3.3	lb/d	******	11	11	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	282	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.41	******	8.98	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3.9	3.9	lb/d	******	13	13	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	259	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.68	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	1.06	lb/d	******	******	3.53	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)

Nitrogen and Phosphorus are our consistent violations. Our City Engineer is still working to get plans prepared and out for bid as soon as possible for the sewer improvement project.

NATIONAL 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: P.O. BOX 60
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ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	.98	lb/d	******	******	3.28	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.036	.036	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	.08	.09	lb/d	******	.25	.31	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.5	.5	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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TYPED OR PRINTED		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: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.04	2.22	lb/d	******	7	7	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	780	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.55	******	8.86	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	4.09	4.09	lb/d	******	14	14	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	192	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.22	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	.9	lb/d	******	******	3.12	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)

Nitrogen and Phosphorus continue to be our monthly violations. We are still in the engineering stage of our sewer improvement project.

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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ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	.86	lb/d	******	******	2.94	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.035	.04	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	.07	.11	lb/d	******	.24	.37	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.7	.7	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		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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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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ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.04	5.4	lb/d	******	12	12	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	690	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.18	******	8.19	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5.95	5.95	lb/d	******	17	17	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	156	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.29	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	1.11	lb/d	******	******	3.17	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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

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09/01/2016	09/30/2016

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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 [as P]	SAMPLE MEASUREMENT	******	.22	lb/d	******	******	.63	mg/L		Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.042	.064	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	.13	lb/d	******	.25	.4	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.57	.57	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		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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10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.79	2	lb/d	******	5	5	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	570	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.03	******	7.84	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.51	2.51	lb/d	******	7	7	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	234	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	5.17	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	2.17	lb/d	******	******	6.06	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		.1/04/201
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)

Nitrogen and Phosphorus continue to be our violations. We are still in the engineering stage of our sewer improvement project.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.13	lb/d	******	******	3.15	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.043	.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	.09	.18	lb/d	******	.24	.37	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.5	.5	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		.1/04/201
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)

Nitrogen and Phosphorus continue to be our violations. We are still in the engineering stage of our sewer improvement project.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.84	4.5	lb/d	******	10	10	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	342	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.84	******	7.23	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.3	2.3	lb/d	******	6	6	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	196	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.47	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	1.9	lb/d	******	******	4.94	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)

Excess limits of Nitrogen and Phosphorus are our consistent violations. The land application document has been drafted and will soon be sent to D.E.Q for approval.

NATIONAL 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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INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.05	lb/d	******	******	2.73	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.046	.059	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	.08	.14	lb/d	******	.21	.28	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.76	.76	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Excess limits of Nitrogen and Phosphorus are our consistent violations. The land application document has been drafted and will soon be sent to D.E.Q for approval.

NATIONAL 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: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.25	2.34	lb/d	******	5	5	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	314	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.88	******	9.47	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.35	1.35	lb/d	******	3	3	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	239	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	9.08	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	4.87	lb/d	******	******	10.82	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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.	LeAnn Adams	(208)775-3372		01/05/201
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)

Nitrogen and Phosphorus are our consistent violations. DEQ has received the land application document for approval.

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: INKOM, CITY OF
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PERMIT NUMBER	DISCHARGE NUMBER
ID0020249	001-A

MONITORING PERIOD	
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12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83245
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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 [as P]	SAMPLE MEASUREMENT	******	1.66	lb/d	******	******	3.69	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.054	.06	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	.12	.13	lb/d	******	.26	.31	mg/L	1	Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.85	1.85	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Nitrogen and Phosphorus are our consistent violations. DEQ has received the land application document for approval.

NATIONAL 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: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.67	10.78	lb/d	******	19	19	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	141	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.89	******	7.54	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5.6	5.6	lb/d	******	11	11	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	141	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	25.15	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	12.82	lb/d	******	******	25.2	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)

Nitrogen and Phosphorus are our consistent violations. Ecoli is high, as soon as we received the final test results and ran the geometric mean and we called our local DEQ in Pocatello. They unsure if we needed to report and others with such knowledge were out of town. I did call the NPDES hotline and left a message that our EColi test were above our permit allowance.

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

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INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	2.71	lb/d	******	******	5.32	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.061	.059	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	.08	.1	lb/d	******	.16	.21	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	199	199	#/100mL	1	Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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			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.	LeAnn Adams	(208)775-3372		02/07/2017
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)

Nitrogen and Phosphorus are our consistent violations. Ecoli is high, as soon as we received the final test results and ran the geometric mean and we called our local DEQ in Pocatello. They unsure if we needed to report and others with such knowledge were out of town. I did call the NPDES hotline and left a message that our EColi test were above our permit allowance.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	21.68	16.68	lb/d	******	40	40	mg/L	1	Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	450	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.89	******	7.89	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	8.13	8.13	lb/d	******	15	15	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	168	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	25.59	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	13.9	lb/d	******	******	25.64	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)

Our consistent violations are Nitrogen and Phosphorus. Due to the first two Ecoli tests being high, we did not discharge from 2/10/17 thru 2/21/17. We received 12" in snow and 2.71" of rain and therefore had to resume discharging.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
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LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	2.72	lb/d	******	******	5.01	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.065	.068	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	.12	.16	lb/d	******	.23	.28	mg/L	1	Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	290	290	#/100mL	1	Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Our consistent violations are Nitrogen and Phosphorus. Due to the first two Ecoli tests being high, we did not discharge from 2/10/17 thru 2/21/17. We received 12" in snow and 2.71" of rain and therefore had to resume discharging.

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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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ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT		22	lb/d	******	40	40	mg/L	1	Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	420	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.65	******	8.57	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	4.95	4.95	lb/d	******	9	9	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	201	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	25.11	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	13.85	lb/d	******	******	25.16	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)

Nitrogen and Phosphorus are our consistent violations. We had above normal water run off due to snow melt.We are still in the approval process for our improvement project.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
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ATTN: JOEL JOLLEY, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020249	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	2.53	lb/d	******	******	4.59	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.066	.066	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	lb/d	******	.16	.21	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.659	.659	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Nitrogen and Phosphorus are our consistent violations. We had above normal water run off due to snow melt.We are still in the approval process for our improvement project.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.26	10.13	lb/d	******	9	9	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	780	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.46	******	8.54	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	19.27	19.27	lb/d	******	21	21	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	235	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	18.18	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	17.75	lb/d	******	******	19.35	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)

Nitrogen and Phosphorus are our consistent violations. Our land application document has been received by the DEQ, waiting for approval.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
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MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	3.52	lb/d	******	******	3.84	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.11	.14	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	.14	.15	lb/d	******	.18	.22	mg/L	1	Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2.22	2.22	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		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: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	46.16	63.8	lb/d	******	45	45	mg/L	1	Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	198	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.08	******	8.04	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	35	35	lb/d	******	34	34	mg/L	1	Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	88	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	6.96	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	9.97	lb/d	******	******	9.72	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		06/13/2017
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)

Nitrogen and Phosphorus are our consistent violations. Due to an extreme water flow increase these other numbers have been affected. Our land application document has been received by the DEQ, waiting for approval.

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

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OMB No. 2040-0004

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05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83245
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(SUBR 03)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	2.48	lb/d	******	******	2.42	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.123	.17	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	.16	.29	lb/d	******	.16	.27	mg/L	1	Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.76	.76	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	77	******	******	%	1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	61	******	******	%	1	Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		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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ID0020249	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.65	7.66	lb/d	******	17	17	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	354	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.78	******	7.89	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5.09	5.09	lb/d	******	10	10	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	201	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	4.99	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	3.13	lb/d	******	******	6.16	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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Nitrogen and Phosphorus are our consistent violations. Our water water improvement project is in the approval process.

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06/01/2017	06/30/2017

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	1.06	lb/d	******	******	2.09	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.061	.085	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	.16	lb/d	******	.18	.22	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.86	.86	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.27	3.34	lb/d	******	8	8	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	390	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.61	******	7.49	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.82	.82	lb/d	******	2	2	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	231	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.82	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	2.39	lb/d	******	******	5.86	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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Nitrogen and phosphorus are our consistent violations. We are in the approval process for waste water improvement project.

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	92	lb/d	******	******	2.35	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.049	.053	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	.06	.09	lb/d	******	.15	.21	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.574	.574	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.54	2.28	lb/d	******	8	8	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	246	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.98	******	7.87	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.58	1.58	lb/d	******	5	5	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	165	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.04	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	.55	lb/d	******	******	1.75	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)

Nitrogen and Phosphorus are our consistent violations. We are in the approval process for our improvement project.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	.48	lb/d	******	******	1.53	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.038	.044	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	.05	.07	lb/d	******	.16	.21	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.574	.574	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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.	LeAnn Adams	(208)775-3372		09/14/2017
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)

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NATIONAL 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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INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.43	1.87	lb/d	******	4	4	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	690	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.86	******	8.65	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.72	.72	lb/d	******	-2	-2	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	791	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	8.45	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	3.31	lb/d	******	******	9.23	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		.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)

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

Form Approved
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ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	.53	lb/d	******	******	1.47	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.043	.071	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	.06	.12	lb/d	******	.17	.2	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.5	5	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Monthly	Calculated
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)
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ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.08	1.13	lb/d	******	3	3	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	168	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.39	******	8.77	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.72	.72	lb/d	******	2	2	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	93	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.54	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	1.17	lb/d	******	******	3.26	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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

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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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	.6	lb/d	******	******	1.66	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.043	.045	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	.06	.09	lb/d	******	.18	.23	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.66	.66	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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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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MONITORING PERIOD	
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11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.13	7.29	lb/d	******	19	19	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	570	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	8.49	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5.25	5.25	lb/d	******	14	14	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	175	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.26	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	.63	lb/d	******	******	1.69	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	.71	lb/d	******	******	1.89	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.045	.046	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	.06	.08	lb/d	******	.15	.21	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2.32	2.32	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
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: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.74	2.74	lb/d	******	7	7	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	270	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.94	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5.88	5.88	lb/d	******	15	15	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	144	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.2	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	1.74	lb/d	******	******	4.44	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		01/04/2018
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)

Nitrogen and Phosphorus are our consistent violations. We are still in the approval process for our waste water improvement project.

NATIONAL 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: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.09	lb/d	******	******	2.79	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.047	.052	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	.07	.1	lb/d	******	.19	.25	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.7	1.7	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Nitrogen and Phosphorus are our consistent violations. We are still in the approval process for our waste water improvement project.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15.61	15.61	lb/d	******	39	39	mg/L	1	Five per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	312	******	mg/L		Monthly	Calculated
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.16	******	7.53	SU		Monthly	Calculated
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6.41	6.7	lb/d	******	16	16	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	148	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.16	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	6.23	lb/d	******	******	15.57	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)

Nitrogen and Phosphorus are our consistent violations. We have been given approval to move forward with our Wastewater improvement project.

NATIONAL 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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ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.65	lb/d	******	******	4.15	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.048	.065	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	.07	.1	lb/d	******	.18	.23	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	11.04	11.04	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******	%		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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Nitrogen and Phosphorus are our consistent violations. We have been given approval to move forward with our Wastewater improvement project.

NATIONAL 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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ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.29	7.76	lb/d	******	19	19	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	297	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.25	******	7.54	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6.14	6.14	lb/d	******	16	16	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	225	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	19.58	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	7.83	lb/d	******	******	20.41	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)

Nitrogen and Phosphorus are our consistent violations. We have started the excavation of our wastewater improvements.

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

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02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.5	lb/d	******	******	3.9	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.046	.06	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	.07	.11	lb/d	******	.19	.23	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.4	1.4	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.83	1.83	lb/d	******	4	4	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	405	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.31	******	7.58	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6.42	6.42	lb/d	******	14	14	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	387	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	17.82	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	8.51	lb/d	******	******	18.56	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		04/11/2018
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)

Nitrogen and Phosphorus are our consistent violations. We have started excavation of our Land Application system

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.41	lb/d	******	******	3.08	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.055	.055	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	.08	.11	lb/d	******	.18	.22	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.55	1.55	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		04/11/2018
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)

Nitrogen and Phosphorus are our consistent violations. We have started excavation of our Land Application system

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.61	10.41	lb/d	******	24	24	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	156	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.31	******	7.84	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	11.21	11.21	lb/d	******	28	28	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	151	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	20.32	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	8.9	lb/d	******	******	22.4	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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)

Nitrogen and Phosphorus are our consistent violations. Solids, suspended percent removal could be due to pond turn over and excess algae. We have started excavation of the Land Application system.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.61	lb/d	******	******	4.03	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.048	.058	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	.07	.09	lb/d	******	.18	.24	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.5	.5	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	81	******	******	%	1	Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		05/09/2018
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)

Nitrogen and Phosphorus are our consistent violations. Solids, suspended percent removal could be due to pond turn over and excess algae. We have started excavation of the Land Application system.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.67	3.84	lb/d	******	10	10	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	171	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.32	******	8.24	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.83	1.83	lb/d	******	5	5	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	128	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.25	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	7.66	lb/d	******	******	20.88	mg/L		Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		06/08/2018
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)

Nitrogen and Phosphorus are our consistent violations. We have started excavation of the Land Application system.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.46	lb/d	******	******	3.97	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.044	.046	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	.05	.08	lb/d	******	.14	.21	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.88	.88	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Nitrogen and Phosphorus are our consistent violations. We have started excavation of the Land Application system.

NATIONAL 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: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.51	6	lb/d	******	20	20	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	969	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.89	******	8.3	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.98	.98	lb/d	******	3	3	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	519	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	18.29	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	10.32	lb/d	******	******	31.73	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 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.	LeAnn Adams	(208)775-3372		07/12/2018
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)

Nitrogen and phosphorus are our consistent violations.We have begun excavation on our waste water improvement project.

NATIONAL 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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06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	1.34	lb/d	******	******	4.11	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.039	.047	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	.05	.06	lb/d	******	.15	.21	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.86	.86	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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.	LeAnn Adams	(208)775-3372		07/12/2018
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)

Nitrogen and phosphorus are our consistent violations.We have begun excavation on our waste water improvement project.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.27	8.79	lb/d	******	31	31	mg/L	1	Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	314	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.33	******	8.76	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6.67	6.67	lb/d	******	25	25	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	183	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	-.05	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	.06	lb/d	******	******	.21	mg/L		Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		08/14/2018
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)

Phosphorus is a consistent violation.We have begun excavation on our waste water improvement project

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	.79	lb/d	******	******	2.96	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.032	.034	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	.05	lb/d	******	.13	.19	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.3	1.3	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		08/14/2018
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)

Phosphorus is a consistent violation.We have begun excavation on our waste water improvement project

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.16	7.81	lb/d	******	26	26	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	257	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.58	******	8.87	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3.03	3.03	lb/d	******	11	11	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	226	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.18	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	.65	lb/d	******	******	2.37	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		09/12/2018
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)

Nitrogen and Phosphorus are our consistent violations. We have begun excavation on our waste water improvement project.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	.48	lb/d	******	******	1.74	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.033	.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	.05	.04	lb/d	******	.18	.14	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2.14	2.14	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		09/12/2018
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)

Nitrogen and Phosphorus are our consistent violations. We have begun excavation on our waste water improvement project.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.1	5.25	lb/d	******	17	17	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	510	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	8.61	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.4	2.4	lb/d	******	8	8	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26 MO AVG	39 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	362	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.08	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO MAX	mg/L		Monthly	8 Hour Composite
Nitrogen, inorganic total	SAMPLE MEASUREMENT	******	.99	lb/d	******	******	3.29	mg/L	1	Monthly	8 Hour Composite
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.38 DAILY MX	lb/d	******	******	.44 DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		.0/04/201
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)

Nitrogen and Phosphorus are our consistent violations. We are in the excavation stage of our wastewater improvement project.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: INKOM, CITY OF
ADDRESS: P.O. BOX 60
INKOM, ID 83245
FACILITY: INKOM, CITY OF - INKOM WWTP
LOCATION: 1830 N OLD HIGHWAY 91
INKOM, ID 83245
ATTN: JOEL JOLLEY, MAYOR

ID0020249	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83245
MINOR $
(SUBR 03)

External 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 [as P]	SAMPLE MEASUREMENT	******	.52	lb/d	******	******	1.73	mg/L	1	Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	.71 DAILY MX	lb/d	******	******	.81 DAILY MX	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.036	.04	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	.07	.06	lb/d	******	.22	.17	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.2 DAILY MX	lb/d	******	.5 MO AVG	.75 DAILY MX	mg/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	******	******	******	******	.57	.57	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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
LeAnn Adams/ Deputy Clerk	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	LeAnn Adams	(208)775-3372		.0/04/201
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)

Nitrogen and Phosphorus are our consistent violations. We are in the excavation stage of our wastewater improvement project.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10.4	10.4		******	26	26			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	123	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.5			Four per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	7.2	7.2		******	18	18			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	172	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0478	.0478		******	******	******	******		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	< 8	< 8		******	< .02	< .02			Five per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020265	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	79	******	******		1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			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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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15	15		******	27	27			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	235	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.4			Four per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	7	7		******	12	12			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	186	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0653	.0653		******	******	******	******		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	< .01	< .01		******	< .02	< .02			Four per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18	18		******	29	29			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	217	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.3			Four per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< 2	< 2		******	< 3	< 3			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	148	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0745	.0745		******	******	******	******		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	< .02	< .02		******	< .02	< .02			12 per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83703
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(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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12/01/2013	12/31/2013

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OUTFALL TO WILDER DITCH DRAIN
External Outfall
No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 7.3	< 7.3		******	< 10	< 10			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	238	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.6			Five per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3.7	3.7		******	5	5			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	208	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0877	.0877		******	******	******	******		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	< .02	< .02		******	< .02	< .02			Five per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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12/01/2013	12/31/2013

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External Outfall
No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	> 96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	48	48		******	69	69		2	Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	222	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.3			12 per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	11	11		******	16	16			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	208	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.08299	.08299		******	******	******	******		12 per Month	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	< .02	< .02		******	< .02	< .02			12 per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	******	******	******	******	< 2	< 2			Eight per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	69	******	******		1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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
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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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WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	53	73		******	69	94		2	Twice per Month	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	162	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.3			11 per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5.4	5.4		******	7	7			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	136	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0925	.0925		******	******	******	******		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	< .02	< .02		******	< .02	< .02			Four per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	< 10			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	57	******	******		1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15	15		******	26	26			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	202	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	8.2			Five per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< 2	< 2		******	< 3	< 3			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	158	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0673	.0673		******	******	******	******		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	< .01	< .01		******	< .02	< .02			Five per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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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: WILDER, CITY OF
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FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	< 10			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15	15		******	27	27			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	226	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	8.5			Four per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	14	14		******	25	25			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	188	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0654	.0654		******	******	******	******		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	< .01	.01		******	< .02	.02			Four per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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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: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

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OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15	15		******	30	30			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	169	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.6			Four per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< 2	< 2		******	< 3	< 3			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	166	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0584	.0584		******	******	******	******		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	< .01	< .01		******	< .02	< .02			Four per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	******	******	******	******	< 5	< 5			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	82	******	******		1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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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: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16	16		******	33	33		1	Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	173	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.6			Five per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< 2	< 2		******	< 3	< 3			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	162	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0579	.0579		******	******	******	******		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	< .02	< .02		******	< .02	< .02			Five per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	81	******	******		1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9	9		******	22	22			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	198	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4			Four per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< 2	< 2		******	< 3	< 3			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	164	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0475	.0475		******	******	******	******		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	< .01	< .01		******	< .02	< .02			Four per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020265	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 8	12		******	< 20	30			Twice per Month	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	122	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.9			Four per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2	2		******	6	6			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	104	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0466	.0466		******	******	******	******		Daily	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	< .02	< .02		******	.01	.01			Four per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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08/01/2014	08/31/2014

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OUTFALL TO WILDER DITCH DRAIN
External 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			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	84	******	******		1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16	24		******	20	30			Twice per Month	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	122	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.7			Five per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5	5		******	6	6			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	104	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.095	.095		******	******	******	******		Continuous	Composite
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< .01	< .01		******	< .01	< .01			Five per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	84	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10	10		******	15	15			Twice per Month	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	225	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.3			Four per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12	12		******	18	18			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	206	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.08	.08		******	******	******	******		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	< .02	< .02		******	< .02	< .02			12 per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83703
MINOR $
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OUTFALL TO WILDER DITCH DRAIN
External 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			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	17	17		******	27	27			Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	229	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.2			Four per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3	3		******	4	4			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	202	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0746	.0746		******	******	******	******		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	< .02	< .02		******	< .02	< .02			Four per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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
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12/01/2014	12/31/2014

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External Outfall
No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	28	28		******	39	39		1	Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	189	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.3			Five per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< 3	< 3		******	< 3	< 3			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	138	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0865	.0865		******	******	******	******		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	< .02	< .02		******	< .02	< .02			13 per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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12/01/2014	12/31/2014

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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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	79	******	******		1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18	26		******	26	38			Twice per Month	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	255	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.2			Four per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	7	7		******	10	10			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	142	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0826	.0826		******	******	******	******		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	< .02	< .02		******	< .02	< .02			13 per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18	18		******	29	29			Once per 4 Weeks	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	245	******			Once per 4 Weeks	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.3			Four per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	7	7		******	11	11			Once per 4 Weeks	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	498	******			Once per 4 Weeks	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0757	.0757		******	******	******	******		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	< .02	< .02		******	< .02	< .02			12 per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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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FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
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ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******			Once per 4 Weeks	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Once per 4 Weeks	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	23	23		******	42	42		1	Monthly	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	212	******			Monthly	Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	8.1			Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5	5		******	10	10			Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	244	******			Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0644	.0644		******	******	******	******		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	< .01	< .01		******	< .02	< .02			Five per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	80	******	******		1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	17	23		******	37	51				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	252	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5	5		******	11	11				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	443	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0539	.0539		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< .01	< .01		******	< .02	< .02				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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 GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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05/01/2015	05/31/2015

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(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	26	26		******	57	57				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	206	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.9			Four per Month	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2	2		******	4	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	290	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0545	.0545		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< .02	< .02		******	< .02	< .02			Four per Month	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	******	******	******	******	2	8				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	72	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
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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ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20	20		******	41	41		1		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	209	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.2			Five per Month	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6	6		******	12	12				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	209	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0597	.0597		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< .01	< .01		******	< .02	< .02			Five per Month	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83703
MINOR $
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OUTFALL TO WILDER DITCH DRAIN
External 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			Five per Month	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	80	******	******		1		
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13	20		******	28	44			Twice per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	233	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.9			Four per Month	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	4	4		******	8	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	197	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.05436	.05436		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< .01	< .01		******	< .02	< .02			12 per Month	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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ATTN: ALICIA ALMAZAN, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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			Six per Month	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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ID0020265	001-A
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MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	> 50	> 50		******	> 96	> 96				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	266	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.3			Five per Month	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12	12		******	22	22				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	266	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0625	.0625		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< .01	< .02		******	< .02	.04			13 per Month	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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DMR Mailing ZIP CODE: 83703
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OUTFALL TO WILDER DITCH DRAIN
External 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	******	******	******	******	3	230			Six per Month	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	77	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 14	18		******	< 21	27			Three per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	224	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.2			12 per Month	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	4	4		******	6	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	204	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0782	.0782		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< .02	< .02		******	< .02	< .02			12 per Month	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	******	******	******	******	< 2	2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	> 91	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
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FACILITY: WILDER, CITY OF - WILDER WWTP
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WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7	11		******	10	10				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	260	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.06	******	7.18				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	10	15		******	14	14				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	362	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.085	.127		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.04	.21		******	.05	.2				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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10/01/2015	10/31/2015

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(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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 GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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11/01/2015	11/30/2015

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(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15	15		******	23	23				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	328	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.91	******	7.39			11 per Month	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	8	8		******	12	12				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	408	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0774	.0774		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< .01	.02		******	< .02	.03			19 per Month	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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11/01/2015	11/30/2015

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OUTFALL TO WILDER DITCH DRAIN
External Outfall
No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1			Four per Month	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******		******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******		******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 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	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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ATTN: ALICIA ALMAZAN, MAYOR

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12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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 GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 6	< 6		******	< 11	< 11				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	354	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.36	******	7.87			12 per Month	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2	2		******	3	3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	304	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0628	.0628		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< .01	< .01		******	< .02	< .02			18 per Month	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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External Outfall
No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	< 10	< 10				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	> 97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	46	46		******	28	28				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	123	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.72	******	7.84			12 per Month	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	9.9	9.9		******	6	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	236	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1986	.1986		******	******	******	******			
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	.02		******	< .02	.04			20 per Month	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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OMB No. 2040-0004

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WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020265	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	******	******	******	******	< 2	< 10				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	77	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83703
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(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	31	66		******	59	80		2	Twice per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	204	******			Twice per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.14	******	7.41		1	14 per Month	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	14	27		******	26	33			Twice per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	171	******			Twice per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0637	.0981		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< .02	< .02		******	< .02	< .02			23 per Month	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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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LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	1200		1	Five per Month	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	71	******	******		1		
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	67	171		******	83	83				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	620	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.46	******	7.47			13 per Month	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	40	101		******	49	49				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	840	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0971	.247		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< .05	< .05		******	< .02	< .02			20 per Month	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020265	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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			Four per Month	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20	20		******	48	48				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	602	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.68	******	7.22				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	7	7		******	18	18				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1090	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0487	.0487		******	******	******	******			
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		******	< .02	< .02				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
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)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	17	21		******	45	55				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	651	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	7	10		******	19	25				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	639	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0453	.0453		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< .02	< .02		******	< .02	< .02				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
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ATTN: ALICIA ALMAZAN, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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 GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 16	< 16		******	< 23	< 23				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	919	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.97	******	7.71				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	22	22		******	32	32				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1270	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0833	.0833		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< .02	< .02		******	< .02	< .02				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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MONITORING PERIOD	
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07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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 GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12	12		******	33	33				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	1820	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	6.96				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	16	16		******	43	43				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2780	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0436	.0436		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< .01	< .01		******	< .02	< .02				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	******	******	******	******	8	240				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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09/01/2016	09/30/2016

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OUTFALL TO WILDER DITCH DRAIN
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 3	< 3		******	< 7	< 7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	729	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3	3		******	9	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1110	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.04436	.04436		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< .01	< .01		******	< .02	< .02				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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			
E. coli	SAMPLE MEASUREMENT	******	******	******	******	< 1	1				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	> 99	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	17.5	25.5		******	17	23				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	572	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.57	******	7.01				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	11.3	24.7		******	11	24				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1033	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1233	.1233		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< .02	< .02		******	< .02	< .02				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020265	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	******	******	******	******	27	35				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
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

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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: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	27	27		******	29	29				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	317	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.05	******	7.48				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12	12		******	13	13				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	216	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1101	.1101		******	******	******	******			
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 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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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OMB No. 2040-0004

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WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	******	******	******	******	31	2000				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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
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TYPED OR PRINTED					

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FACILITY: WILDER, CITY OF - WILDER WWTP
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WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 4	< 13		******	< 6	< 6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	275	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.01	******	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	8	26		******	12	12				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	134	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0813	.2616		******	******	******	******			
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 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020265	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	******	******	******	******	17	2400		1		
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******				
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

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ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	81	82		******	134	137				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	169	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.83	******	7.33				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5	5		******	9	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	109	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0721	.0721		******	******	******	******			
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 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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WILDER, ID 83676
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ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	> 2400				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	21	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	23.9	24.5	lb/d	******	38	39	mg/L	1	Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	270	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.27	******	8.35	SU		20 per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	9.4	12.6	lb/d	******	15	20	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	230	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0754	.0754	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	.04	.09	lb/d	******	.06	.14	mg/L	1	20 per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jessica Dahnke/ Public Works Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jessica Dahnke	(208)482-6204		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)

BOD monthly average has been exceeded for this period due to high amounts of algae. Chlorine Daily max had been exceeded for this period due to heavy chlorinating to get rid of the algae.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020265	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

BOD monthly average has been exceeded for this period due to high amounts of algae. Chlorine Daily max had been exceeded for this period due to heavy chlorinating to get rid of the algae.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 2	< 2	lb/d	******	< 4	< 4	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	287	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.09	******	8.37	SU		17 per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3	3	lb/d	******	6	6	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	160	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.059	.059	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	.01	.01	lb/d	******	.02	.03	mg/L		23 per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jessica Dahnke/ PW Admin Assitant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jessica Dahnke	(208)482-6204		04/11/2017
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020265	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	******	******	******	******	2	6	#/100mL		Six per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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
Jessica Dahnke/ PW Admin Assitant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jessica Dahnke	(208)482-6204		04/11/2017
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	17	17		******	35	35		1		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	264	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.61	******	8.64				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	25	25		******	53	53		1		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	162	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.057	.057		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	< .01	.01		******	.01	.02				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020265	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	******	******	******	******	8	44				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	67	******	******		1		
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

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OMB No. 2040-0004

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WILDER, ID 83676
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ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15	15	lb/d	******	38	38	mg/L	1	Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	276	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.47	******	7.87	SU		13 per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6	6	lb/d	******	14	14	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	158	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0478	.0478	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	< .02	< .02	lb/d	******	.01	.02	mg/L		20 per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jessica Dahnke/ PW Admin Asst.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jessica Dahnke	(208)482-6204		06/13/2017
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

NATIONAL 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: WILDER, CITY OF - WILDER WWTP
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WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020265	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	******	******	******	******	< 2	5	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		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		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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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 2	< 2	lb/d	******	< 5	< 5	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	263	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.01	******	7.68	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	10	10	lb/d	******	26	26	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	182	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0454	.0454	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	.01	.01	lb/d	******	.01	.01	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jessica Dahnke/ PW Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jessica Dahnke	(208)482-6204		07/12/201
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	> 98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI G	NODI G		******	NODI G	NODI G				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	NODI G	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI G	******	NODI G				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI G	NODI G		******	NODI G	NODI G				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI G	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI G	NODI G		******	******	******	******			
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 G	NODI G		******	NODI G	NODI G				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jessica Dahnke/ Public Works admin asist	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jessica Dahnke	(208)482-6204		08/28/2017
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ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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 G	NODI G				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI G	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI G	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83703
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(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3	3	lb/d	******	8	8	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	204	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.23	******	8.42	SU		12 per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6	6	lb/d	******	16	16	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	106	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0434	.0434	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	.04	lb/d	******	.07	.1	mg/L		11 per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020265	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	******	******	******	******	3	39	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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09/01/2017	09/30/2017

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OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	24	27	lb/d	******	53	70	mg/L	2	Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	90	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.91	******	8.32	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	11	13	lb/d	******	24	28	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	48	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0546	.0546	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	1.3	1.9	lb/d	******	2.83	4.11	mg/L	4	Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83703
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OUTFALL TO WILDER DITCH DRAIN
External 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	******	******	******	******	178	> 2400	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	41	******	******	%	1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	50	******	******	%	1	Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32	35	lb/d	******	71	> 77	mg/L	2	Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	194	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.64	******	8.43	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5	5	lb/d	******	10	11	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	193	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0545	.0545	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	2.5	lb/d	******	.82	5.5	mg/L	4	Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jessica Dahnke/ Public Works Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jessica Dahnke	(208)482-6204		.1/14/201
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	******	******	******	******	5	370	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	63	******	******	%	1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12	12	lb/d	******	26	26	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	215	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.84	******	8.22	SU		22 per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6	6	lb/d	******	12	12	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	124	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0565	.0565	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	.3	1.3	lb/d	******	.64	2.78	mg/L	2	Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15	15	lb/d	******	34	35	mg/L	1	Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	272	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.1	******	8.6	SU		20 per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6	6	lb/d	******	13	13	mg/L		Twice per Month	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	160	******	mg/L		Twice per Month	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0521	.0521	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	.6	lb/d	******	.2	1.37	mg/L	3	20 per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

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

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LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22	35	lb/d	******	30	48	mg/L	1	Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	299	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.81	******	8.27	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	7	9	lb/d	******	9	12	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	242	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0864	.0864	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	.07	.13	lb/d	******	.1	.18	mg/L	1	Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMIT NUMBER	DISCHARGE NUMBER
ID0020265	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83703
MINOR $
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OUTFALL TO WILDER DITCH DRAIN
External 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	******	******	******	******	2	30	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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TYPED OR PRINTED		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 = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	23.9	24.5		******	38	39				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	270	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.27	******	8.35				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	9.4	12.6		******	15	20				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	230	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0754	.0754		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.04	.09		******	.06	.14				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020265	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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 GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14	17	lb/d	******	69	81	mg/L	2	Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	374	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.95	******	8.12	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	10	14	lb/d	******	51	66	mg/L	2	Twice per Month	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	248	******	mg/L		Twice per Month	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0243	.02485	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	.02	.04	lb/d	******	.09	.21	mg/L	1	21 per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jessica Dahnke/ Public Works Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jessica Dahnke	(208)482-6204		04/13/2018
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020265	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	82	******	******	%	1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	79	******	******	%	1	Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jessica Dahnke/ Public Works Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jessica Dahnke	(208)482-6204		04/13/2018
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	23.9	24.5	lb/d	******	38	39	mg/L	1	Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	270	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.27	******	8.35	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	9.4	12.6	lb/d	******	15	20	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	230	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0754	.0754	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	.04	.09	lb/d	******	.06	.14	mg/L	1	Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jessica Dahnke/ Public Works Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jessica Dahnke	(208)482-6204		04/13/2018
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jessica Dahnke/ Public Works Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jessica Dahnke	(208)482-6204		04/13/2018
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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DISCHARGE MONITORING REPORT (DMR)

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ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	21	23	lb/d	******	35	38	mg/L	1	Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	198	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.87	******	7.39	SU		21 per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6	6	lb/d	******	10	10	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	77	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0716	.0716	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	.01	.05	lb/d	******	.01	.08	mg/L		21 per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jessica Dahnke/ Public Works Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jessica Dahnke	(208)482-6204		07/23/2018
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)

Monthly BOD average and percent removal has not been met for this period due to algae.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020265	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	82	******	******	%	1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jessica Dahnke/ Public Works Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jessica Dahnke	(208)482-6204		07/23/2018
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)
Monthly BOD average and percent removal has not been met for this period due to algae.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	21	23	lb/d	******	35	38	mg/L	1	Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	198	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.87	******	7.39	SU		21 per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6	6	lb/d	******	10	10	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	77	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0716	.0716	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	.01	.05	lb/d	******	.01	.08	mg/L		21 per Month	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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)

The City of Wilder Monthly BOD average and percent removal has not been meet for this period due to algae.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	82	******	******	%	1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******	%		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		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 City of Wilder Monthly BOD average and percent removal has not been meet for this period due to algae.

NATIONAL 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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WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	17	19	lb/d	******	38	42	mg/L	1	Three per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	159	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.95	******	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3	3	lb/d	******	7	7	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	240	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0539	.0539	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	.01	.03	lb/d	******	.02	.06	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	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)

BOD percent removal and BOD monthly average has not been met for this month due to high effluent BOD value.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	76	******	******	%	1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

BOD percent removal and BOD monthly average has not been met for this month due to high effluent BOD value.

NATIONAL 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: WILDER, CITY OF - WILDER WWTP
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WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	24	24	lb/d	******	40	40	mg/L	1	Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	1530	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.04	******	7.64	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	17	17	lb/d	******	28	28	mg/L		Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2930	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.07303	.07303	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	< .01	.04	lb/d	******	.01	.07	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jessica Dahnke/ Public Works Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jessica Dahnke	(208)482-6204		09/11/2018
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
WILDER, ID 83676
FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
WILDER, ID 83676
ATTN: ALICIA ALMAZAN, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0020265	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	< 2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
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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E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83703
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OUTFALL TO WILDER DITCH DRAIN
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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, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12	24	lb/d	******	20	39	mg/L		Monthly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	660	******	mg/L		Monthly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.57	******	7.96	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	59	74	lb/d	******	97	122	mg/L	1	Monthly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	62.5 MO AVG	94 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Monthly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1030	******	mg/L		Monthly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	8 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0727	.0727	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	< .05	< .05	lb/d	******	< .05	.07	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.21 MO AVG	.21 DAILY MX	lb/d	******	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jessica Dahnke/ Public Works Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jessica Dahnke	(208)482-6204		.0/11/201
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WILDER, CITY OF
ADDRESS: 219 3RD STREET
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FACILITY: WILDER, CITY OF - WILDER WWTP
LOCATION: HUFF ROAD AND D AVENUE EAST
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ATTN: ALICIA ALMAZAN, MAYOR

ID0020265	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83703
MINOR $
(SUBR 02)
OUTFALL TO WILDER DITCH DRAIN
External 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	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	576 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jessica Dahnke/ Public Works Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jessica Dahnke	(208)482-6204		.0/11/201
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)
E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	20.2			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	2.35	******			13 per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.0212	1.1475		******	2	2			Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	205	******			Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.84	******	7.87			Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.6588	2.6321		******	3.25	6			Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	816	******			Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
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09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.5106	.0371		******	1	1			Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.02			Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	7.93			Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	267	.4		******	522	925		4	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	1.1			Quarterly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1109	.1362		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	5.1321	167			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab

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MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External 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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	381			Quarterly	24 Hour Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******			Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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10/01/2013	10/31/2013

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.23	15.8			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.7	******			Nine per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.4653	1.1409		******	2	2			Five per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	138.2	******			Five per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.98	******	7.8			Three per Week	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.9701	1.346		******	2	3			Five per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	******			Five per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83851
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PLUMMER CREEK
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.036	.0964		******	.0744	4.32			Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	92.06	.316		******	189.8	583		3	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.9513	.1087		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******			Five per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******			Five per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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

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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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11/01/2013	11/30/2013

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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	******	******	******	******	11.41	13.4			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.51	******			12 per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	2		******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	98.3	******			Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.89	******	7.89			Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3.533	4.674		******	4.75	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	490	******			Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.138	2.889		******	1.53	5.7			Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.194	.247		******	261	330		3	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.9723	.3112		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	6.6	44.8			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******			Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.79	9.81			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.4	******			12 per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.6946	1.8514		******	2	2			Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	113	******			Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.61			Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.7538	2.552		******	3.25	5			Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	967.5	******			Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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ID0022781	001-A

MONITORING PERIOD	
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12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	3.76	5.1296		******	4.4375	7.51		1	Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	7.61			Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.78			Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	82.8278	.1236		******	97.75	199		3	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	1.1			Quarterly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.0715	.099		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	30.37	125			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab

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ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External 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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	350			Quarterly	24 Hour Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******			Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******			Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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	******	******	******	******	8.39	8.9			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.32	******			12 per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.59	3.6		******	2.825	3			Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	532.5	******			Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.66			Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	13.3	32.4		******	14.5	27		1	Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1547.25	******			Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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01/01/2014	01/31/2014

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PLUMMER CREEK
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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	4.03	3.67		******	4.4	7		1	Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	47	.46		******	51.75	84		3	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.7166	.3074		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	23.23	221			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******			Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	5.4	7.6			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.87	******			12 per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13.51	52.04		******	8	24		2	Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	169.5	******			Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.9			Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	24.06	75.89		******	14.25	35		2	Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	360	******			Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	13.95	34.06		******	8.26	8.9			Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.7	1.3		******	414.75	1190		4	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.4433	.1944		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	9.39	30.5			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.7	9.8			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	3.4	******			12 per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	19.06	115.63		******	7.75	25		2	Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	66.75	******			Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.51	******	7.72			Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	47.35	319.15		******	19.25	69		4	Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	171.75	******			Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	6.55	18.72		******	2.665	7.5		1	Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	6.86			Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.96			Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	581.76	4.17		******	236.5	902		4	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	1			Quarterly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	9.6009	.6052		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	20.69	119			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External 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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	69			Quarterly	24 Hour Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	79	******	******		1	Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9.04	10.2			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.8	******			13 per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.922	4.62		******	2	2			Five per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	59.4	******			Five per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.58	******	7.58			Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	8.59	9.78		******	4.4	6			Five per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	151.5	******			Five per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83851
MINOR $
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PLUMMER CREEK
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.78	14.43		******	2.59	11		2	Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.036	.08		******	25	51			Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.015	.5375		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	15	86.6			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92.8	******	******			Five per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******			Five per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	12.93	15.81			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.52	******			11 per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.99	2.26		******	2	2			Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	85	******			Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.02	******	7.61			Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	9.957	25.99		******	10	23			Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	211.75	******			Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83851
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PLUMMER CREEK
External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.0597	.0711		******	.06	1			Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0306	.0388		******	30.75	39			Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.938	.2636		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	9.1543	66.3			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	85.3	******	******			Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	17.1			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	2.91	******			13 per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.55	2.56		******	2	2			Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	386.5	******			Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.89	******	7.19			Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.55	1.57		******	2	3			Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1313.75	******			Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.02	.0817		******	.039	.156			Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.978			Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	6.01			Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.019	.028		******	.53	28			Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	1.46			Quarterly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.08265	.1536		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab

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Form Approved
OMB No. 2040-0004

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LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External 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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	370			Quarterly	24 Hour Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******			Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.85	******	******			Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83851
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PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	19.4	21.7			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	2.88	******			13 per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.047	1.144		******	2	2			Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	1032.5	******			Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.88	******	7.14			Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.6546	.0947		******	1.25	2			Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5427	******			Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	1.6183	.6184		******	.7725	1.04			Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0138	.017		******	26.5	36			Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.2449	.1857		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.3	******	******			Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.5	******	******			Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	20.9			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	1.56	******			13 per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.3918	1.2359		******	2	2			Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	124.25	******			Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.82	******	7.1			Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.9607	1.235		******	1.75	2			Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	345.5	******			Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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08/01/2014	08/31/2014

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.045	.049		******	.0825	.09			Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0123	.0154		******	22.5	26			Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.9693	.1023		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17.44	18.2			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.76	******			Four per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.2009	1.2743		******	2	2			Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	968.25	******			Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.86	******	7.27			Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3.9031	10.9754		******	6.5	20			Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	968.25	******			Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.048	.0509		******	.08	.08			Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******					
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0168	.0192		******	28	31			Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.0058	.0764		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	385			Quarterly	24 Hour Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******			Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.6	******	******			Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15.6	16.9			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.72	******			14 per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.5082	2.3085		******	2	2			Five per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	437	******			Five per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.57	******	7.01			Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.055	1.4027		******	1.4	2			Five per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2891	******			Five per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.2423	1.2843		******	.3214	2			Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.1176	.05		******	31.2	39			Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2956	.1384		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2.279	7.5			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.6	******	******			Five per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.6	******	******			Five per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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: PLUMMER, CITY OF
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PLUMMER, ID 83851
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PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83851
MINOR $
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PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	12.56	16.06			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.45	******			12 per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.3964	14.59		******	3.75	9			Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	112.5	******			Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.89	******	7.25			Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5.4343	31.86		******	6	19				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	340.75	******			Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	5.869	13.9481		******	6.48	15.4		2	Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.1465	.6809		******	161.75	406		4	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.9777	.2604		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	41.61	> 2420		1	Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88.7	******	******			Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	85.03	******	******			Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9.7	11.2			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.71	******			12 per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.21	5.31		******	2.42	4			Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	270.5	******			Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.13			Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT				******	4.25	9			Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	246.5	******			Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	6.497	8.08		******	4.898	10.7		2	Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	14.1			Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	7.68			Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.2135	.0672		******	161	89		2	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	1			Quarterly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.4656	.6568		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.93	13.4			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External 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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	349			Quarterly	24 Hour Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91.1	******	******			Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92.9	******	******			Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.39	9.9			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.5	******			14 per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.59	16.89		******	7.025	12			Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	41.025	******			Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.51	******	7.5			Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	11.64	16.89		******	6.5	12			Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	151.75	******			Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	16.12	16.89		******	8.995	12		3	Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.6774	.2519		******	378	179		3	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.2562	.7677		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	3.329	16.1			Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	65.5	******	******		1	Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	8.86	10.1			Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.47	******			12 per Month	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8	10		******	4	5			Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	58	******			Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.7			Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	24	28		******	13	22			Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	202	******			Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	13.01	15.8		******	7.1	13		3	Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.194	.37		******	106.25	199		4	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.1714	.6935		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	18.97	> 2420		1	Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	79	******	******		1	Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	10.2	10.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.43	******			Three per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.701	6.745		******	4	4			Four per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	61	******			Four per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.71	******	7.42			Three per Week	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15.4	13.89		******	8	14			Four per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	341	******			Four per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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	16.59	19.12		******	8.62	20.7				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	22.4			Four per Month	
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.96				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.1646	.1367		******	85.5	148				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	1.1				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.9904	.5969		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External 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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	188				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	89.8	******	******			Four per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90.1	******	******			Four per Month	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9.62	13.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.55	******			Three per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.68	2		******	2.1	2.5			Five per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	61	******			Five per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.61	******	7.11			Three per Week	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3.06	5.14		******	2.4	4			Five per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1364	******			Five per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
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04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	11.23	7.52		******	8.8	10.4				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0546	.0419		******	42.8	58				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.4561	.2726		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	3.32	32.8				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94.7	******	******			Five per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******			Five per Month	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	17.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	1.26	******			12 per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.1242	1.2876		******	2	2			Four per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	2	******			Four per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.63	******	6.94			Three per Week	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	21.09	5.7946		******	7.5	9			Four per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	7.5	******			Four per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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		******	.2	.4				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.1124	.022		******	41	47				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2343	.0939		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2.465	9.8			Five per Month	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Four per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Four per Month	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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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ID0022781	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	21.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	3.06	******			13 per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	3		******	3	5			Five per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	168	******			Five per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.78	******	7.26			Three per Week	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3	6		******	6	9			Five per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	675	******			Five per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.046	.1		******	.1	.135				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.12				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.018	.03		******	38.5	50				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	1.1				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.9114	.1098		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2.107	14				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab

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DMR Mailing ZIP CODE: 83851
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PLUMMER CREEK
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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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	326				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.5	******	******			Four per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******			Four per Month	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	19.89	21.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	1.79	******			Three per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.515	19.07		******	10.5	13			Five per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	200	******			Five per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.67	******	7.11			Three per Week	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5	6		******	7	9			Five per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	632	******			Five per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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		******	.16	.2				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.036	.045		******	58.2	58.2				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.2231	.0933		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	3.65	649				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Five per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Five per Month	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	1.59	******			13 per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.3364	1.871		******	2.5	4			Four per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	125	******			Four per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.73	******	7.21			Three per Week	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.169	2.07		******	2.25	4			Four per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	369.5	******			Four per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.6735	2.44		******	1.26	4.71				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0237	.0415		******	44.5	80				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.8632	.2229		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.9	******	******			Five per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.2	******	******			Five per Month	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17.44	18.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	2.13	******			13 per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.074	1.13		******	2	2			Four per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	344.8	******			Four per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.89	******	7.15			Three per Week	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.0644	1.119		******	1.2	2			Four per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	436.8	******			Four per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
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09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.9374	.0795		******	.1124	.139				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.861				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0349	.036		******	45	65				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	1				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.882	.0797		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2.41	7.8			Five per Month	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83851
MINOR $
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PLUMMER CREEK
External 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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	331				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Five per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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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	******	******	******	******	15.8	19.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	1.34	******			13 per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.37	5.16		******	4	9			Four per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	142.25	******			Four per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.9			Three per Week	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	4.14	4.25		******	4	7			Four per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	187.25	******			Four per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.0614	.0718		******	.1037	.1274				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0338	.0484		******	57.25	86				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1302	.2455		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.422	1.8				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Four per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			Four per Month	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	12.06	14.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.86	******			Four per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3	4		******	4	7			Four per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	112	******			Four per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	8.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	4	6		******	5	8			Four per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	274	******			Four per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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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PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	3.45		******	1.8	5.3				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.06	.1		******	95	127				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.225	.0992		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2	2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Four per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Four per Month	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9.7	10.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.57	******			11 per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.08	17.98		******	5.3	6.3			Four per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	90.8	******			Five per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.55	******	7.14			Three per Week	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5.736	22.8		******	5	9			Five per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	518.4	******			Five per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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

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FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
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PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	5.002	4.423		******	4.36	7.46				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	9.01			Four per Month	
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.055	.032		******	24	121				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	1				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.2733	.3676		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2.2	4.5				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External 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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	320				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******			Four per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Four per Month	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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)

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

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

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	8.02	9.04				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	1.03	******			Four per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	40	143		******	14	33			Four per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	41	******			Four per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.59	******	7.12				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	60	4		******	21	5			Four per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	154	******			Four per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

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

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	32	63		******	11	22				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.63	.38		******	220	87				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	8.6971	.5556		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	9	79				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	.09	******	******			Four per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	.9	******	******			Four per Month	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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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PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	8.43	9.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	.71	******			Eight per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9	8.68		******	6	7			Four per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	46	******			Four per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	5.84	******	6.99				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT				******	3	6			Four per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	164	******			Four per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.248	.248		******	.1395	.2				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.188	.1186		******	126	82				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2373	.5565		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2	2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Four per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9.5	10.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	5.5	******			11 per Month	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12	21		******	5	6			Five per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	62	******			Five per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6	******	7.8			Three per Week	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	16	31		******	7	18			Five per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	121	******			Five per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
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03/01/2016	03/31/2016

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(SUBR 01)
PLUMMER CREEK
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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	.86	2.41		******	1.19	3.51				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	4.09				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.114	.035		******	35	63				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	1.16				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3062	.5919		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	3.5	22				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External 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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	172				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******		1	Five per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Five per Month	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	14.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	6.47	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.3	6.6		******	3.7	4.7			Four per Month	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	112	******			Four per Month	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.3	******	6.71				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3	4.9		******	3	5			Four per Month	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	650	******			Four per Month	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	2		******	1	1.9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.026	.03		******	24	28				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.128	.1838		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.12	1.8				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	16.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	5.42	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.5	4.6		******	3.3	4.7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	193	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.53	******	6.89				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	17	6.8		******	3	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3482	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.13	.13		******	.11	.11				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.02	.04		******	24	36				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.151	.407		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	19.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	6.57	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.5	5.9		******	4.1	9.6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	190	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	6.96				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.7	1.85		******	3	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	650	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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

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LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	1.01		******	.61	2.18				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.38				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	11.2				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.013	.016		******	24	27				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	1.7				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.075	.1437		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.16	2.18				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 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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LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
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ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External 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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	261				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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07/01/2016	07/31/2016

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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	******	******	******	******	19.2	20.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	5.5	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.22	1.3		******	2	2				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	237	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.55	******	6.69				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1	1.9		******	1.7	3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	537	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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	.05	.06		******	.08	.101				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.01	.02		******	22	30				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0709	.0893		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2.2	27.9				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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08/01/2016	08/31/2016

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MINOR $
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PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	20.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	5.4	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.1	1.3		******	2	2				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	147	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	6.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.66	1.1		******	1.2	2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	289	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.06		******	.87	.11				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.01	.02		******	27	35				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.063	.115		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	17.5	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	5.95	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.1	1.1	lb/d	******	< 2	< 2	mg/L		Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	140	******	mg/L		Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.56	******	6.87	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.98	.99	lb/d	******	1.75	1.75	mg/L		Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	284	******	mg/L		Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LEONARD JOHNSON/ OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson	(208)818-6875		.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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.66	2.5	lb/d	******	1.18	4.48	mg/L		Four per Month	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.89	mg/L		Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.6	mg/L		Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.011	.011	lb/d	******	20.25	20.25	ug/L		Four per Month	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	1.7	mg/L		Quarterly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.07	.08	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	< 1	< 1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External 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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	387	mg/L		Quarterly	24 Hour Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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)

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

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ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	16.2	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	5.68	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.07	1.85	lb/d	******	< 2	< 2	mg/L		Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	125	******	mg/L		Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.68	******	6.97	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.04	.93	lb/d	******	< 1	<= 1	mg/L		Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	268.75	******	mg/L		Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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)

Attached is the Violation letter for Oct 31, 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: PLUMMER, CITY OF
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FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.07	.11	lb/d	******	.08	.09	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.01	.02	lb/d	******	15.25	16.4	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.28	1.39	MGD	******	******	******	******	1	Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.78	4.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
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ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	12.1	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	6.21	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.68	6.29	lb/d	******	2	2	mg/L		Five per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	69.8	******	mg/L		Five per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.52	******	6.71	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.86	5	lb/d	******	1.8	4	mg/L		Five per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	208.8	******	mg/L		Five per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LEONARD JOHNSON/ OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson	(208)818-6875		02/15/201
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)

See attached file. I attached a letter to the December DMR for the corrections that have been made.Thanks Leonard Johnson

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.19	.32	lb/d	******	.08	.08	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.056	.096	lb/d	******	38	70	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.26	.61	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.71	7.4	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	10.6	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	6.57	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	3.3	lb/d	******	2	2	mg/L		Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	162.5	******	mg/L		Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.02	1.7	lb/d	******	1	1	mg/L		Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1674	******	mg/L		Twice per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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)

I have attached the creek sampling required along with the violation letter. ThanksI have attached a letter to this DMR to explain the miss calculations.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.081	.13	lb/d	******	.08	.08	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.65	mg/L		Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	4.38	mg/L		Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.08	.12	lb/d	******	82	119	ug/L	1	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	1.7	mg/L		Quarterly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.11	.28	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	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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ADDRESS: P.O. BOX B
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FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External 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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	387	mg/L		Quarterly	24 Hour Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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MM/DD/YYYY	MM/DD/YYYY
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PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	6.8	6.5	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	8.61	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3	6.8	lb/d	******	3.45	7.8	mg/L		Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	78	******	mg/L		Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	5.6	18.3	lb/d	******	6.6	21	mg/L		Five per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	962	******	mg/L		Five per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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The Month of January was a very cold month for the wastewater facility in Plummer. We had to take grab samples on the influent due to our automatic sampler freezing, had airlines freeze numerous times alone with actuator valves which control the air cycles. I will attach letters with this for a more detailed report. I tried to send this out on Friday but got locked out.

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

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ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	12.7	lb/d	******	3.48	14.6	mg/L	2	Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.154	.36	lb/d	******	173	412	ug/L	4	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.143	.3067	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	3.21	345	#/100mL	1	Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Five per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
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	******	******	******	******	8	9.4	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	6.65	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.3	6.32	lb/d	******	2.7	4.9	mg/L		Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	66	******	mg/L		Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.55	******	6.86	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3.79	8.03	lb/d	******	1.75	4	mg/L		Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	339	******	mg/L		Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Leonard Johnson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson	(208)818-6875		03/10/201
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)

I sent in 3 letters this month, 2 on the plants non ability to receive the wastewater coming in and another one on a E-Coli hit we took. I am attaching the samples that I took to this month DMR and if there is any questions please call and I will fix them. Thank You Leonard Johnson

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.13	.2	lb/d	******	.21	.603	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.33	.67	lb/d	******	58	104	ug/L	3	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3872	.9664	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	4.7	2420	#/100mL	1	Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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)

I sent in 3 letters this month, 2 on the plants non ability to receive the wastewater coming in and another one on a E-Coli hit we took. I am attaching the samples that I took to this month DMR and if there is any questions please call and I will fix them. Thank You Leonard Johnson

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.2	8.4	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	8.6	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.77	26.6	lb/d	******	1.13	4.3	mg/L		Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	55	******	mg/L		Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.58	******	6.89	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15.4	10.2	lb/d	******	3.75	7	mg/L		Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	143	******	mg/L		Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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)

This month the wastewater treatment has seen its fair share of rain/ snow runoff, but has been able to treat the receiving waters coming in. The plant has not met all of the permits required but did not have to by pass the plant or treatment process.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.53	.88	lb/d	******	.2	.34	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.812	mg/L		Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	5.13	mg/L		Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.225	.52	lb/d	******	65	85	ug/L	3	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	1.7	mg/L		Quarterly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.041	.9128	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.89	16	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External 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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	225	mg/L		Quarterly	24 Hour Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
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PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	12.7	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	9.54	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.3	2.59	lb/d	******	2.8	5.3	mg/L		Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	162	******	mg/L		Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	6.84	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	4.8	8.1	lb/d	******	3.5	6	mg/L		Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	799	******	mg/L		Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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)

I attached a letter of the reasoning of a non compliance the City had this month.

NATIONAL 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
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	8.8	35	lb/d	******	4.4	17.3	mg/L	4	Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.19	.33	lb/d	******	140	206	ug/L	2	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1676	.3876	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.8	12	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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

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PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	28.1	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	5.18	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.16	.35	lb/d	******	2.62	3.8	mg/L		Five per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	112	******	mg/L		Five per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.53	******	6.87	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.03	4.36	lb/d	******	2.6	6	mg/L		Five per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	260	******	mg/L		Five per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Leonard Johnson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson	(208)818-6875		06/13/2017
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)

I worked with Jason on getting this DMR/CDX set up and was told they were doing maintenance on the system on the 9th. It took awhile for me to get all of the account approved and going.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	2.8	12	lb/d	******	3.8	16.9	mg/L	2	Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.162	.358	lb/d	******	150	325	ug/L	4	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1625	.7839	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.49	7.5	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Five per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Five per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	23.3	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	6.67	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.37	1.65	lb/d	******	2.1	2.3	mg/L		Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	165	******	mg/L		Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.54	******	6.87	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.3	2.8	lb/d	******	2	4	mg/L		Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	391	******	mg/L		Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.37	1.13	lb/d	******	.54	.229	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.816	mg/L		Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	7.88	mg/L		Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.096	.156	lb/d	******	149	271	ug/L	2	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	1.2	mg/L		Quarterly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0718	.0867	MGD	******	******	******	******	1	Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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DMR Mailing ZIP CODE: 83851
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PLUMMER CREEK
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	324	mg/L		Quarterly	24 Hour Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	19.8	20.1	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	6.98	******	mg/L	2	Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.3	2.2	lb/d	******	2	2	mg/L		Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	128	******	mg/L		Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.617	******	6.86	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.8	5.5	lb/d	******	4.25	7	mg/L		Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	255	******	mg/L		Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.11	.16	lb/d	******	.19	.35	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.09	.27	lb/d	******	50	66	ug/L	1	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.068	.1329	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.6	6.3	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Four per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Four per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	21.1	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	6.56	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.21	1.37	lb/d	******	2	2	mg/L		Five per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	596	******	mg/L		Five per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.53	******	6.78	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.13	4.78	lb/d	******	3.6	8	mg/L		Five per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1201	******	mg/L		Five per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Leonard Johnson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson	(208)818-6875		09/10/2017
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)

The City tried to take the upstream and down stream samples this month, but the creek was dry all month and there was no where to take a sample from.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.071	.109	lb/d	******	.118	.19	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.026	.038	lb/d	******	44	68	ug/L	1	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.069	.0824	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	6.1	12.2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Five per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Five per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	20.1	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	7.3	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.6	1.7	lb/d	******	2.1	2.2	mg/L		Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	1056	******	mg/L		Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.51	******	6.54	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.6	3.2	lb/d	******	3.3	4	mg/L		Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1247	******	mg/L		Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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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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FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
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09/01/2017	09/30/2017

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PLUMMER CREEK
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.1	4.1	lb/d	******	1.5	5.5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.838	mg/L		Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.85	mg/L		Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.02	.027	lb/d	******	28	37	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	1.2	mg/L		Quarterly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.078	.1543	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	5.04	63.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	367	mg/L		Quarterly	24 Hour Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	20.6	26.3	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	6.75	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.3	1.5	lb/d	******	2	2	mg/L		Five per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	640	******	mg/L		Five per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.67	******	6.51	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.5	3.8	lb/d	******	4	6	mg/L		Five per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2246	******	mg/L		Five per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.66	.07	lb/d	******	.1	.1	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.032	.089	lb/d	******	47	121	ug/L	1	Five per Month	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.144	.5939	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.3	2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Five per Month	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Five per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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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	******	******	******	******	19.2	27.5	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	6.42	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.23	6.5	lb/d	******	2	2	mg/L		Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	122	******	mg/L		Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.51	******	6.53	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	4.2	9.8	lb/d	******	2	3	mg/L		Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	365	******	mg/L		Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Leonard Johnson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson	(208)818-6875		.2/08/201
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)

Thank You

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.23	.45	lb/d	******	.11	.14	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.047	.088	lb/d	******	23	36	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2048	.6526	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	17.7	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	6.97	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.57	7.71	lb/d	******	2	2	mg/L		Four per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	89.5	******	mg/L		Four per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.52	******	7.52	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	9.3	23	lb/d	******	4.8	6	mg/L		Four per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	397	******	mg/L		Four per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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)

The City had a two violation bypasses this month, one was on the 19th and then on the 22nd. City pulled samples on the 19th and will attach copy of results with DMR. The 22nd was on a Saturday and was unable to have samples tested due to Lab being closed.I also will attach the monthly upstream and down stream results the City is required to pull in the year. The City had an E-Coli violation this month the day after bypassing the Plant and trying to recover from flow through Plant.Thank you

NATIONAL 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: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	1.6	6.09	lb/d	******	.47	1.58	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.06	mg/L		Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	13.2	mg/L		Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.31	1.13	lb/d	******	100	295	ug/L	4	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	1.2	mg/L		Quarterly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1565	.5988	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	4.5	1730	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	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)

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External 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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	331	mg/L		Quarterly	24 Hour Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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

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01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83851
MINOR $
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PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9.6	10.4	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	8.1	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.8	8.9	lb/d	******	2.1	2.3	mg/L		Five per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	81	******	mg/L		Five per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.67	******	7.11	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	27.5	72	lb/d	******	9.8	30	mg/L	2	Five per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	172	******	mg/L		Five per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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MONITORING PERIOD	
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DMR Mailing ZIP CODE: 83851
MINOR $
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PLUMMER CREEK
External Outfall

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	.29	.45	lb/d	******	.1	.1	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.285	.93	lb/d	******	106	390	ug/L	4	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2779	.5615	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2.8	24.6	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9.5	10.3	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	8.1	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.65	3.76	lb/d	******	2	2	mg/L	2	Twice per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	116	******	mg/L		Twice per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.55	******	7.41	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.65	3.76	lb/d	******	2	2	mg/L		Twice per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	410	******	mg/L		Twice per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LEONARD JOHNSON/ OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson	(208)818-6875		03/10/2018
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)

I have attached copies of the weekly violation letters to here. There has been some problems that came up with the phosphorus removal system. Thank You

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
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ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	lb/d	******	.089	.059	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.092	.133	lb/d	******	88	133	ug/L	2	Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2	.4888	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9.75	11.6	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	7.09	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.31	6.77	lb/d	******	2	2	mg/L		Twice per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	28	******	mg/L		Twice per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.87	******	6.52	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	7	10.16	lb/d	******	2.5	3	mg/L		Twice per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	143	******	mg/L		Twice per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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)

NATIONAL 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: PLUMMER, CITY OF - PLUMMER WWTP
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PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83851
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PLUMMER CREEK
External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.11	.17	lb/d	******	.05	.06	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.449	mg/L		Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	5.41	mg/L		Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.04	.06	lb/d	******	19	25	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	.74	mg/L		Quarterly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2355	.612	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2.2	10.9	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab

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MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83851
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PLUMMER CREEK
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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	253	mg/L		Quarterly	24 Hour Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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04/01/2018	04/30/2018

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PLUMMER CREEK
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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	******	******	******	******	13.5	17.2	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	6.67	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.84	2.08	lb/d	******	2	2	mg/L		Twice per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	196	******	mg/L		Twice per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.52	******	6.66	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.92	1.04	lb/d	******	1	1	mg/L		Twice per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	252	******	mg/L		Twice per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.16	.4	lb/d	******	.16	.5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.017	.027	lb/d	******	16	16	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.187	.4918	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	19.42	21.3	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	5.54	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.34	1.53	lb/d	******	2	2	mg/L		Twice per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	215	******	mg/L		Twice per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.52	******	6.89	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.67	.767	lb/d	******	1	1	mg/L		Twice per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	445	******	mg/L		Twice per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Leonard Johnson/ Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson	(208)818-6875		06/10/2018
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)

Thank You Leonard Johnson

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.14	.26	lb/d	******	.25	.47	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.01	.01	lb/d	******	17	17	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0784	.167	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.32	4.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

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

Thank You Leonard Johnson

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	20.7	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	6.81	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.99	1.18	lb/d	******	2	2	mg/L		Twice per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	232	******	mg/L		Twice per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.53	******	6.82	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.5	.6	lb/d	******	1	1	mg/L		Twice per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	950	******	mg/L		Twice per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	.03	.04	lb/d	******	.05	.07	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	32.4	mg/L		Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	19.9	mg/L		Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.005	.01	lb/d	******	16	16	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	.74	mg/L		Quarterly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0704	.1386	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 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

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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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PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

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MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83851
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PLUMMER CREEK
External 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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	253	mg/L		Quarterly	24 Hour Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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	******	******	******	******	20.66	23.8	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	6.04	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.1	1.28	lb/d	******	2	2	mg/L		Three per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	440	******	mg/L		Three per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.61	******	6.67	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.11	1.29	lb/d	******	2	2	mg/L		Three per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1010	******	mg/L		Three per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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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NAME: PLUMMER, CITY OF
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LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
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ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
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07/01/2018	07/31/2018

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PLUMMER CREEK
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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	.61	2.27	lb/d	******	1.13	4.23	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.02	.01	lb/d	******	16	16	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0607	.0773	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		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

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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: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

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08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83851
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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	******	******	******	******	22.3	25.6	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	5.34	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.91	1.15	lb/d	******	2	2	mg/L		Twice per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	320	******	mg/L		Twice per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.62	******	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.13	1.73	lb/d	******	2	3	mg/L		Twice per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	510	******	mg/L		Twice per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LEONARD JOHNSON/ OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson	(208)818-6875		09/10/2018
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)

attachments for valves were not switching over the automatic blower switch was not switching over as well. had an electrician look at it and parts on order. running blowers on hand until parts arrive.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	6.7	lb/d	******	5.3	11.2	mg/L	2	Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.01	.01	lb/d	******	.18	.21	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0627	.0987	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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attachments for valves were not switching over the automatic blower switch was not switching over as well. had an electrician look at it and parts on order. running blowers on hand until parts arrive.

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

Form Approved
OMB No. 2040-0004

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ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	22.9	26.9	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	6.94	******	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY MN	******	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.29	1.42	lb/d	******	2	2	mg/L		Twice per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	******	10 MO AVG	15 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	155	******	mg/L		Twice per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.16	******	6.52	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	8.5 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.29	1.42	lb/d	******	2.5	3	mg/L		Twice per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	******	17 MO AVG	25 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	715	******	mg/L		Twice per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	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: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External Outfall

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	8.63	lb/d	******	4.5	14.8	mg/L	2	Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	******	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	.823	mg/L		Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.1	mg/L		Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.015	.027	lb/d	******	25	47	ug/L		Weekly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	******	50 MO AVG	131 WKLY AVG	ug/L		Weekly	24 Hour Composite
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	.74	mg/L		Quarterly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0648	.0987	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEO	235 INST MAX	#/100mL		Five per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LEONARD JOHNSON/ OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson	(208)818-6875		.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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: 324 TOETLY ROAD (COEUR D'ALENE RESERVATION)
PLUMMER, ID 83851
ATTN: TIM CLARK, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022781	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83851
MINOR $
(SUBR 01)
PLUMMER CREEK
External 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, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	368	mg/L		Quarterly	24 Hour Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
LEONARD JOHNSON/ OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Leonard Johnson	(208)818-6875		.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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	21.7		******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.4	******		******	4.5	******			Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	284	******			Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.8	******		******	6	******			Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	9	******	9.2			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.5	******		******	2.7	******			Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	216	******			Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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)

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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HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	1.1	******		******	4	******			Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	0		******	******	.1			Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.2	******		******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.5	******		******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5.3	0			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	.034	.091		******	******	******	******		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	.1		******	146.7	210			Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		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: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 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	******	******	******	98.5	******	******			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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	15.9		******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	******		******	4	******			Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	250	******			Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.3	******		******	5	******			Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.6	******	9			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.9	******		******	4.6	******			Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	164.4	******			Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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			
Solids, total suspended	SAMPLE MEASUREMENT	12.5	******		******	19	******			Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	0		******	******	.1			Weekly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1	******		******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.9	******		******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3.3	0			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	.054	.079		******	******	******	******		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	.3		******	252	490			Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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LOCATION: LAGOON ROAD, SOUTH #3
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DMR Mailing ZIP CODE: 83332
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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, 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	******	******	******	95.6	******	******			Monthly	Calculated
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	9.1	11		******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.2	******		******	3	******			Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	137	******			Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.6	******		******	3	******			Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8	******	9			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.1	******		******	3.5	******			Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	137	******			Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
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HAGERMAN, ID 83332
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	3.5	******		******	6	******			Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.9		******	******	1.7			Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.1	******		******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.6	******		******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2.7	0			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	.058	.083		******	******	******	******		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	.3		******	250.8	520			Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******	******	******	97.2	******	******			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	7.8	9		******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.8	******		******	9	******			Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	108	******			Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.6	******		******	9	******			Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	9.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	8.2	******		******	12	******			Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	121	******			Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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			
Solids, total suspended	SAMPLE MEASUREMENT	16	******		******	19	******			Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	0		******	******	.4			Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.8	******		******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.6	******		******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	5	0			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	.083	.103		******	******	******	******		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		******	184.6	230			Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91.4	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	89.9	******	******			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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	7.9	8.6		******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.5	******		******	8.5	******			Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	129.5	******			Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.8	******		******	9	******			Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.5	******	9			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6.3	******		******	8.2	******			Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	125.6	******			Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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

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ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	15.5	******		******	19	******			Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	0		******	******	1.3			Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.3	******		******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3	******		******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2.1	10			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	.077	.098		******	******	******	******		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	.3		******	173.3	330			Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.4	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94.1	******	******			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: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	7.6	11.3		******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14.4	******		******	16	******			Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	124.5	******			Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15.1	******		******	18	******			Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.2	******	8.6			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	19.8	******		******	20.8	******			Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	110.3	******			Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	37.3	******		******	38	******			Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	3.5		******	******	4.5			Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.7	******		******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	40	******		******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	12.8	326			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	.104	.121		******	******	******	******		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	.2	.3		******	180.8	380			Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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DISCHARGE MONITORING REPORT (DMR)

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HAGERMAN, ID 83332
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ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83332
MINOR $
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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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	80.3	******	******		1	Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83332
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(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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		******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.5	******		******	13	******			Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	195	******			Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10	******		******	16	******			Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.7	******	9.3		1	Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	21.5	******		******	26.3	******		1	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	166.5	******			Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	40.9	******		******	45	******		3	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	4.6		******	******	5.4			Weekly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.5	******		******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.3	******		******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3.4	16			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	.09	.111		******	******	******	******		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	.2	.3		******	247.5	380			Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83332
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(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.4	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	84.3	******	******		1	Monthly	Calculated
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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HAGERMAN, ID 83332
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ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83332
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(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	16		******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12	******		******	30	******			Three per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	230.5	******			Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.7	******		******	42	******			Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	9	******	9.8			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	11.4	******		******	29.2	******		1	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	155	******			Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

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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, total suspended	SAMPLE MEASUREMENT	14.5	******		******	48	******		1	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	0		******	******	.1			Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1	******		******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.7	******		******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1.4	5			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	.047	.083		******	******	******	******		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	.2	1.3		******	190	320			Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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

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HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	87.5	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	79.4	******	******		1	Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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05/01/2014	05/31/2014

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(SUBR 05)

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	17	17.8		******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.3	******		******	12.5	******			Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	172	******			Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.3	******		******	16	******			Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	9			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3.1	******		******	10	******			Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	187.3	******			Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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

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NAME: HAGERMAN, CITY OF
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	4.5	******		******	14	******			Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.2		******	******	.4			Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.4	******		******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.9	******		******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1.3	2			Three 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	.041	.048		******	******	******	******		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		******	166.7	200			Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	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, 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	******	******	******	94.1	******	******			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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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		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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ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0025941	001-A

MONITORING PERIOD	
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06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
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	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	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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Form Approved
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LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	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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NATIONAL 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: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

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	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

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, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
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	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	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
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LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83332
MINOR $
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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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	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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ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

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MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
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	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	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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: P.O. BOX 158
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FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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		******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.8	******		******	5	******			Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	279	******			Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.8	******		******	7	******			Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.2	******	8.6			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.9	******		******	4.4	******			Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	302.6	******			Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	8.2	******		******	15	******			Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.2		******	******	.03			Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2	******		******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3	******		******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	14.9	199			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	.078	.129		******	******	******	******		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		******	134	230			Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 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	******	******	******	98.5	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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ID0025941	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	17.8		******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.2	******		******	5	******			Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	298.5	******			Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.9	******		******	7	******			Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.1	******	8.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.1	******		******	2.5	******			Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	311.8	******			Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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DMR Mailing ZIP CODE: 83332
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	2.1	******		******	5	******			Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.4		******	******	.4			Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.9	******		******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.7	******		******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	2.7			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	.072	.124		******	******	******	******		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	.2	.6		******	354.2	740			Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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

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NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
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LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83332
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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, 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	******	******	******	99.2	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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11/01/2014	11/30/2014

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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	9.5	12.8		******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.2	******		******	3	******			Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	218.5	******			Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.4	******		******	3	******			Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8	******	8.5			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.5	******		******	2.5	******			Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	272.5	******			Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	2.4	******		******	3	******			Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.8		******	******	2.8			Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.3	******		******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.9	******		******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	1			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	.076	.101		******	******	******	******		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	.2	.3		******	281.7	770			Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 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	******	******	******	99.1	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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12/01/2014	12/31/2014

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(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	7.6	8.7		******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.5	******		******	3	******			Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	245	******			Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.6	******		******	3	******			Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.1	******	8.9			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	16.9	******		******	15.6	******		1	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	171.8	******			Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
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12/01/2014	12/31/2014

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	31.8	******		******	28	******		3	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	2.7		******	******	6.2			Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.1	******		******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.1	******		******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	36	59			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	.106	.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	6.2	.3		******	200.7	340			Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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DISCHARGE MONITORING REPORT (DMR)

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HAGERMAN, ID 83332
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LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 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	******	******	******	88.6	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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01/01/2015	01/31/2015

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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	8.3	9.5		******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.4	******		******	7.5	******			Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	148	******			Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.1	******		******	9	******			Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.4	******	8.6			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15.4	******		******	20.8	******		1	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	203.8	******			Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	33.5	******		******	33	******		1	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	5.7		******	******	5.9			Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.8	******		******	******	******	******		Weekly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.2	******		******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	11	25			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	.11	.126		******	******	******	******		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		******	292.5	410			Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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DMR Mailing ZIP CODE: 83332
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******	******	******	89.1	******	******			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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	10.3		******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.9	******		******	14	******			Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	298	******			Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10.9	******		******	17	******			Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8	******	8.5			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	14.4	******		******	22.3	******		1	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	216.3	******			Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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)

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DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	32.8	******		******	33	******		2	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	3.4		******	******	3.4			Weekly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.6	******		******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.5	******		******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	8	55			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	.082	.123		******	******	******	******		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	.2	.4		******	255.8	410			Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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PERMIT NUMBER	DISCHARGE NUMBER
ID0025941	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94.7	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******			Monthly	Calculated
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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HAGERMAN, ID 83332
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LOCATION: LAGOON ROAD, SOUTH #3
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ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	14.3		******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.1	******		******	7	******			Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	159.5	******			Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.6	******		******	10	******			Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.9	******	8.4			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12	******		******	16	******		1	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	268.6	******			Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
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HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	21.4	******		******	31	******		2	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	3.5		******	******	3.7			Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.1	******		******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.8	******		******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	150			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	.072	.114		******	******	******	******		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	3.4		******	105.7	180			Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.5	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93.6	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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04/01/2015	04/30/2015

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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	15.4	16.7		******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13.4	******		******	17.5	******			Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	177	******			Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22	******		******	20	******			Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	8			Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	10.3	******		******	15	******		1	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	209	******			Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	30.8	******		******	28	******		1	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.6		******	******	1.6			Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.3	******		******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.1	******		******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	73			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	.038	.132		******	******	******	******		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	.1		******	104.2	130			Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91.7	******	******			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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: LAGOON ROAD, SOUTH #3
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ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
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	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	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	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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06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.1	******		******	4.5	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	204	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.8	******		******	6	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8	******	8.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.6	******		******	6	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	232.7	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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: HAGERMAN, CITY OF
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HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
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HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	4.8	******		******	6	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	5.7		******	******	6.8				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.2	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.7	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	35	39			Three per Month	
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	.078	.115		******	******	******	******			
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	.1		******	121.1	150				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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PERMIT NUMBER	DISCHARGE NUMBER

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06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******				
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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PARAMETER		QUANTITY OR 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	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
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	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	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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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HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83332
MINOR $
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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	NODI C	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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: HAGERMAN, CITY OF
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HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0025941	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
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	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	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	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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09/01/2015	09/30/2015

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(SUBR 05)

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	18.2	20		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.4	******		******	9	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	378	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.4	******		******	10	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	8.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6.3	******		******	9.2	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	318.8	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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TYPED OR PRINTED					

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	15.3	******		******	17	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.2		******	******	.4				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.2	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.7	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	14	109				
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	.079	.109		******	******	******	******			
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		******	145.6	220				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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DISCHARGE MONITORING REPORT (DMR)

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ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
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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HAGERMAN, ID 83332

ATTN: NOEL WEIR, MAYOR

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10/01/2015	10/31/2015

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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	15.5	18.5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.6	******		******	10	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	223.5	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.3	******		******	10	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.9	******	8.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	10.9	******		******	19.8	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	259.5	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	14.6	******		******	32	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	0		******	******	.1				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.6	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.3	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	51				
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	.071	.095		******	******	******	******			
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	.3		******	204.2	560				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 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	******	******	******	91.9	******	******				
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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
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HAGERMAN, ID 83332
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LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	9.9	14.8		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6	******		******	12	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	297.5	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11.2	******		******	13	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.1	******	8.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	13.9	******		******	21.5	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	260.5	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	20.6	******		******	26	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	0		******	******	.1				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.8	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.1	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	14.2	120				
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	.082	.111		******	******	******	******			
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		******	186.7	270				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 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	******	******	******	91.5	******	******				
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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83332
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(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		******		******		******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******		******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		******		******		******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT		******		******		******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******		******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0025941	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT		******		******		******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******			******	******					
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT		******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT		******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 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)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: HAGERMAN, CITY OF - HAGERMAN WWTP
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HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 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

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

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HAGERMAN, ID 83332
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PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83332
MINOR $
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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	6.7	7.5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	19	******		******	19.5	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	140	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	24.1	******		******	25	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	9	******	9.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	28.4	******		******	19	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	171.5	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	30.8	******		******	32	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	5.5		******	******	5.9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.5	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.7	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	9	20				
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	.109	.122		******	******	******	******			
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	.3		******	160	270				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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OMB No. 2040-0004

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HAGERMAN, ID 83332
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HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	85.5	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	80.3	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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02/01/2016	02/29/2016

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	8.9	11		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.4	******		******	27.5	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	181	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	35.4	******		******	36	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.2	******	8.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	27.6	******		******	32.3	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	156.5	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83332
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	62.3	******		******	56	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	4		******	******	8.6				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.1	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.4	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	6	84				
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	.099	.133		******	******	******	******			
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		******	146	250				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	83.9	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	76.5	******	******				
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	12.3	14.3		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.1	******		******	7	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	159.5	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.6	******		******	10	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.9	******	8.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12	******		******	16	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	268.6	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	21.4	******		******	31	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	3.5		******	******	3.7				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.1	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.8	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	9.9	150				
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	.072	.114		******	******	******	******			
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		******	105.7	180				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.5	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93.6	******	******				
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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	16		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.7	******		******	32	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	203	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22.2	******		******	37	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	9.1	******	9.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	21.6	******		******	38.8	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	189	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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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HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	37.1	******		******	66	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.9		******	******	1.4				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.7	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.5	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2.1	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	.067	.078		******	******	******	******			
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		******	194.2	240				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	82	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	79.4	******	******				
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: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332

ATTN: NOEL WEIR, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0025941	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9	******		******	21	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	1082.5	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10.4	******		******	21	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.2	******	9.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	11.3	******		******	28.8	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	310.5	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0025941	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	16.2	******		******	45	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.1		******	******	.1				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.8	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.1	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	3	14				
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	.047	.06		******	******	******	******			
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		******	125.8	270				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		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)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAGERMAN, ID 83332
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LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88.4	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	86.7	******	******				
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	21.5	21.8		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15	******		******	37	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	192	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15	******		******	37	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.6	******	8.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	7	******		******	18	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	154	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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			
Solids, total suspended	SAMPLE MEASUREMENT	7	******		******	18	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.1		******	******	.4				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.4	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.2	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1300	1300				
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	.054	.073		******	******	******	******			
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		******	126.7	160				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	80.7	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	88.3	******	******				
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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Justin Hulme/ 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.	Justin Hulme	(208)837-6636		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)

NATIONAL 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: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
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	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	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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

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FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	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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DISCHARGE MONITORING REPORT (DMR)

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ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

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, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
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	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	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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MONITORING PERIOD	
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08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83332
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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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	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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PARAMETER		QUANTITY OR 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	20.2	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	21.2	******	lb/d	******	58	******	mg/L	1	Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	374	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	30	******	lb/d	******	61	******	mg/L	2	Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.7	******	9	SU		Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12.8	******	lb/d	******	41.5	******	mg/L	2	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	252.5	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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)

I couldn't get this done by the 10 of this month. I got the results off the last set of samples on 10-17-2016.

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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	19.4	******	lb/d	******	55	******	mg/L	3	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.3	lb/d	******	******	19.4	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.2	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.2	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	21	47	#/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	.052	.071	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	.02	lb/d	******	142.5	340	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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Form Approved
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MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	80.6	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	83.1	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	16.8	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	47.2	******	lb/d	******	92	******	mg/L	2	Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	159	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	70.6	******	lb/d	******	132	******	mg/L	3	Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8	******	8.8	SU		Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	18.4	******	lb/d	******	38.5	******	mg/L	2	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	231	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	27.9	******	lb/d	******	61	******	mg/L	5	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.06	lb/d	******	******	1.3	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.9	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	23	148	#/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	.063	.12	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	lb/d	******	12	290	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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DMR Mailing ZIP CODE: 83332
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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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	44.8	******	******	%	1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	74.1	******	******	%	1	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	10.3	14	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.5	******	lb/d	******	20	******	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	125	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	19.5	******	lb/d	******	20	******	mg/L		Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.1	******	8.5	SU		Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	10.4	******	lb/d	******	12.2	******	mg/L	1	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	198	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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Solids, total suspended	SAMPLE MEASUREMENT	21.5	******	lb/d	******	22	******	mg/L	2	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	7.9	lb/d	******	******	8.7	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.8	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.7	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	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	.091	.118	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	.3	lb/d	******	182	400	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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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			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	82	******	******	%	1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Justin Hulme/ 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.	Justin Hulme	(208)837-6636		.2/15/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	6.5	7.7	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11.3	******	lb/d	******	15	******	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	192.5	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	17.1	******	lb/d	******	18	******	mg/L		Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.6	******	9.4	SU	1	Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	18.4	******	lb/d	******	24.5	******	mg/L	1	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	216	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	28.6	******	lb/d	******	31	******	mg/L	2	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	5.7	lb/d	******	******	10	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.8	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.1	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	34	50	#/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	.095	.116	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	.2	.3	lb/d	******	194.2	310	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three 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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0025941	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	89.3	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	80.6	******	******	%	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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	5	5.8	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	19.9	******	lb/d	******	19	******	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	161.5	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	24.4	******	lb/d	******	24	******	mg/L		Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.9	******	8.6	SU		Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	14.3	******	lb/d	******	13	******	mg/L	1	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	119.6	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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)

My high instantaneous max on E. Coli was pulled on a very windy day.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	23.4	******	lb/d	******	23	******	mg/L	3	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.5	lb/d	******	******	.5	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.8	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.3	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	291	1550	#/100mL	2	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	.134	.156	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	.2	.6	lb/d	******	183.6	600	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three 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)

My high instantaneous max on E. Coli was pulled on a very windy day.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88.4	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	88.2	******	******	%		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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

My high instantaneous max on E. Coli was pulled on a very windy day.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	6.4	8.4	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22.6	******	lb/d	******	17.5	******	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	106.5	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22.8	******	lb/d	******	18	******	mg/L		Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	8	SU		Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	16	******	lb/d	******	12.5	******	mg/L	1	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	107	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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)

My Influent was very diluted with cleaner water. not sure if it was from the residents or I had some infiltration with all the snow melt. This did not give me my removal on BOD and Solids. My influent was not as concentrated.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	24.1	******	lb/d	******	19	******	mg/L	2	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	15.3	lb/d	******	******	13.9	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.7	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.5	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	10	35	#/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	.151	.181	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	.2	.3	lb/d	******	173.6	260	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Justin Hulme/ 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.	Justin Hulme	(208)837-6636		03/13/2017
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)

My Influent was very diluted with cleaner water. not sure if it was from the residents or I had some infiltration with all the snow melt. This did not give me my removal on BOD and Solids. My influent was not as concentrated.

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

Form Approved
OMB No. 2040-0004

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MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	83.1	******	******	%	1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	84.6	******	******	%	1	Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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My Influent was very diluted with cleaner water. not sure if it was from the residents or I had some infiltration with all the snow melt. This did not give me my removal on BOD and Solids. My influent was not as concentrated.

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MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

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(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	13.9	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10.7	******	lb/d	******	15	******	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	151.5	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14.3	******	lb/d	******	15	******	mg/L		Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8	******	9.3	SU	2	Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	24.2	******	lb/d	******	31.5	******	mg/L	2	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	128.3	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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DMR Mailing ZIP CODE: 83332
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	53.9	******	lb/d	******	51	******	mg/L	3	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	7.9	lb/d	******	******	8.2	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.5	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	9	71	#/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	.08	.127	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	.1	lb/d	******	75	110	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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03/01/2017	03/31/2017

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	74.1	******	******	%	1	Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

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	13.5	14.9	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.9	******	lb/d	******	48	******	mg/L	1	Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	284	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22	******	lb/d	******	56	******	mg/L	1	Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	9	******	9.5	SU	12	Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	10.4	******	lb/d	******	33.8	******	mg/L	2	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	305.5	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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04/01/2017	04/30/2017

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	23.6	******	lb/d	******	60	******	mg/L	2	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	0	lb/d	******	******	.1	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.8	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.1	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	4	13	#/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	.044	.055	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	.1	lb/d	******	126.7	300	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	83.1	******	******	%	1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	89.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Justin Hulme/ 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.	Justin Hulme	(208)837-6636		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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	20.8	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.6	******	lb/d	******	29	******	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	330	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.2	******	lb/d	******	31	******	mg/L		Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	9.1	SU		Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3	******	lb/d	******	11.4	******	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	420.8	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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: HAGERMAN, CITY OF
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HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	7.1	******	lb/d	******	27	******	mg/L		Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.1	lb/d	******	******	.2	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.5	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.8	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	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	.023	.037	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	.5	lb/d	******	90	120	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three 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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0025941	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90.5	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Justin Hulme/ 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.	Justin Hulme	(208)837-6636		06/13/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	23	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.5	******	lb/d	******	8.5	******	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	249.5	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.5	******	lb/d	******	14	******	mg/L		Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.8	SU		Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.9	******	lb/d	******	5.3	******	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	295	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	1.4	******	lb/d	******	8	******	mg/L		Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	1.4	lb/d	******	******	7.5	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.6	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.8	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	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	.02	.027	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	******	52.5	90	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three 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)

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

Form Approved
OMB No. 2040-0004

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NAME: HAGERMAN, CITY OF
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HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.9	******	******	%		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

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)

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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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DMR Mailing ZIP CODE: 83332
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(SUBR 05)

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	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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)
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Form Approved
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HAGERMAN, ID 83332
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ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
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	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	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three 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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	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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08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83332
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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	NODI C	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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DMR Mailing ZIP CODE: 83332
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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			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
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	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	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	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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MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	19.8	24.6	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.7	******	lb/d	******	6.5	******	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	230.5	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.2	******	lb/d	******	7	******	mg/L		Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	9.4	******	9.9	SU	22	Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	47.1	******	lb/d	******	72.3	******	mg/L	2	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	360	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	72.1	******	lb/d	******	114	******	mg/L	7	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	0	lb/d	******	******	.1	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.8	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.2	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	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	.08	.096	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	.02	lb/d	******	155.8	300	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******	******	******	78.8	******	******	%		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	11.7	13.5	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.1	******	lb/d	******	25	******	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	155	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.7	******	lb/d	******	28	******	mg/L		Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.3	******	9.4	SU	4	Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	339	******	lb/d	******	83.3	******	mg/L	2	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	172.3	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Justin Hulme/ 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.	Justin Hulme	(208)837-6636		.1/13/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	56.3	******	lb/d	******	127	******	mg/L	8	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	0	lb/d	******	******	.1	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.8	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.2	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1	22	#/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	.045	.066	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	.2	1.9	lb/d	******	217.1	380	ug/L	1	Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three 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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
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HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	83.7	******	******	%	1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	49.2	******	******	%	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)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	10.3	11	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15.6	******	lb/d	******	28	******	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	129	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	19	******	lb/d	******	33	******	mg/L		Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.9	******	9.2	SU	2	Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	29.1	******	lb/d	******	49.5	******	mg/L	2	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	115.5	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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)

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

Form Approved
OMB No. 2040-0004

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ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	36.9	******	lb/d	******	64	******	mg/L	7	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.9	lb/d	******	******	1.6	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.6	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.6	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	16	30	#/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	.073	.103	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	.2	.4	lb/d	******	245.8	5.8	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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

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

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FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	78.2	******	******	%	1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	56.5	******	******	%	1	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)

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: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83332
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(SUBR 05)

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	7.9	8.8	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8	******	lb/d	******	12.5	******	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	339	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14.2	******	lb/d	******	22	******	mg/L		Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.3	******	8.8	SU		Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	19.2	******	lb/d	******	30.5	******	mg/L	2	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	395	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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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12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83332
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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			
Solids, total suspended	SAMPLE MEASUREMENT	51.8	******	lb/d	******	80	******	mg/L	2	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	1.4	lb/d	******	******	2.2	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.7	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	123	1200	#/100mL	2	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	.075	.087	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	.3	lb/d	******	233.3	700	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Justin Hulme/ 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.	Justin Hulme	(208)837-6636		01/08/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Justin Hulme/ 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.	Justin Hulme	(208)837-6636		01/08/2018
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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ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	8.3	9.4	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.1	******	lb/d	******	13.5	******	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	214	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11.1	******	lb/d	******	16	******	mg/L		Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.2	******	8.9	SU		Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	25.9	******	lb/d	******	32.2	******	mg/L	2	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	209.4	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	69.1	******	lb/d	******	88	******	mg/L	4	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	9.5	lb/d	******	******	15.3	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.9	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	7	238	#/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	.092	.116	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	.04	4.3	lb/d	******	212.7	540	ug/L	1	Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three 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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.7	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	83.6	******	******	%	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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
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LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	8.1	9.9	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.5	******	lb/d	******	24.5	******	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	186.5	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.8	******	lb/d	******	25	******	mg/L		Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.8	******	9.4	SU	8	Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	34.9	******	lb/d	******	55.3	******	mg/L	2	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	167.3	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
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HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	45.5	******	lb/d	******	66	******	mg/L	8	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	2.9	lb/d	******	******	5.4	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.5	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2	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	.06	.094	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	lb/d	******	143.3	270	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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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PERMIT NUMBER	DISCHARGE NUMBER
ID0025941	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	86.7	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	64.9	******	******	%	1	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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03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	11.6	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.5	******	lb/d	******	21	******	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	205	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13.5	******	lb/d	******	24	******	mg/L		Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.9	******	10	SU	20	Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	40.7	******	lb/d	******	85.8	******	mg/L	2	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	329.5	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Justin Hulme/ 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.	Justin Hulme	(208)837-6636		04/12/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	49.2	******	lb/d	******	121	******	mg/L	8	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	5.1	lb/d	******	******	7.7	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.3	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	2.1	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	.069	.088	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	.2	.3	lb/d	******	326.7	440	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three 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)

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

Form Approved
OMB No. 2040-0004

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HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0025941	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88.4	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	72.3	******	******	%	1	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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FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
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ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	15.5	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	17	******	lb/d	******	22	******	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	402	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	19.8	******	lb/d	******	25	******	mg/L		Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	9.7	******	11.7	SU	18	Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	49.3	******	lb/d	******	75.8	******	mg/L	2	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	404.8	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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)

We did not have any discharge at the end of the month due to the warmer weather. We couldn't grab the 5th ecoli. sample.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	88.9	******	lb/d	******	112	******	mg/L	8	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.01	lb/d	******	******	.06	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.9	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.7	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	1.8	3	#/100mL		Four 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	.047	.098	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	lb/d	******	231.7	490	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

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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HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88.6	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	79.5	******	******	%	1	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)

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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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT				******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		******		******		******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******		******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		******		******		******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT		******		******		******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******		******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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)

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OMB No. 2040-0004

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05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT		******		******		******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******			******	******					
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT		******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT		******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 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)
Chlorine, total residual	SAMPLE MEASUREMENT				******						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		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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TYPED OR PRINTED					

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DISCHARGE MONITORING REPORT (DMR)

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ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	21.3	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.7	******	lb/d	******	14.5	******	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	176.5	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.5	******	lb/d	******	15	******	mg/L		Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.8	SU		Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	9.9	******	lb/d	******	27.5	******	mg/L	1	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	265.5	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Justin Hulme/ 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.	Justin Hulme	(208)837-6636		07/19/2018
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)

We only discharged for two weeks starting on June 1st and ending on June 14th. We didn't have any effluent to get samples after that. This is late due to computer issues and I wasn't able to get my Effluent flows till the July 11th. The building with my meter was with out power from June 26th till July 11th.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	19.7	******	lb/d	******	37	******	mg/L	1	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.7	lb/d	******	******	1.2	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.5	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI F	NODI F				
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	.022	.097	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	.1	lb/d	******	148.3	220	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three 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)

We only discharged for two weeks starting on June 1st and ending on June 14th. We didn't have any effluent to get samples after that. This is late due to computer issues and I wasn't able to get my Effluent flows till the July 11th. The building with my meter was with out power from June 26th till July 11th.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0025941	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91.5	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	88.2	******	******	%		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		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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ATTN: NOEL WEIR, MAYOR

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MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83332
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(SUBR 05)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR 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	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 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)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
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DMR Mailing ZIP CODE: 83332
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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, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
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	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	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three 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

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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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ID0025941	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83332
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(SUBR 05)

External 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, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	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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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
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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	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

ID0025941	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External 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, total suspended	SAMPLE MEASUREMENT	NODI C	******		******	NODI C	******				
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
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	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	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Justin Hulme/ 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.	Justin Hulme	(208)837-6636		08/20/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HAGERMAN, CITY OF
ADDRESS: P.O. BOX 158
HAGERMAN, ID 83332
FACILITY: HAGERMAN, CITY OF - HAGERMAN WWTP
LOCATION: LAGOON ROAD, SOUTH #3
HAGERMAN, ID 83332
ATTN: NOEL WEIR, MAYOR

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MONITORING PERIOD	
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08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
81010 K 0 Percent Removal	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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DISCHARGE MONITORING REPORT (DMR)

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MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83332
MINOR $
(SUBR 05)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	19	21.8	deg C	******	******	******	******		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.4	******	lb/d	******	15	******	mg/L		Twice per Month	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	306	******	mg/L		Twice per Month	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Month	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14.7	******	lb/d	******	19	******	mg/L		Twice per Month	8 Hour Composite
00310 W 0 See Comments	PERMIT REQUIREMENT	56.3 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Twice per Month	8 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	8.9	******	9.4	SU	6	Five Days per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	10.7	******	lb/d	******	20.5	******	mg/L	1	Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	372	******	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	8 Hour Composite

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Solids, total suspended	SAMPLE MEASUREMENT	20.9	******	lb/d	******	35	******	mg/L	1	Weekly	8 Hour Composite
00530 W 0 See Comments	PERMIT REQUIREMENT	15.5 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	.1	lb/d	******	******	.6	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.1	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	5.7 MO AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.3	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
00665 W 0 See Comments	PERMIT REQUIREMENT	11.4 WKLY AVG	******	lb/d	******	******	******	******		Weekly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	9	17	#/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	.077	.108	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	lb/d	******	144.5	280	ug/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.6 MO AVG	1 DAILY MX	lb/d	******	481 MO AVG	794 DAILY MX	ug/L		Three per Week	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, 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	******	******	******	92.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	Calculated

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