NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
FEB 10 2016
U.S. EPA REGION 10
Office of Compliance and Enforcement

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

NAME: ST. MARIES, CITYOF
ADDRESS: 602 COLLEGE AVE.
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: HIGHWAY 3 (COEUR D'ALENE RESERVATION)
ST MARIES, ID 83861
ATTN: SHANE RANDALL, PUB WORKS DIR

PERMIT NUMBER	DISCHARGE NUMBER
ID0022799	001- A

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

DMR Mailing ZIP CODE: 83861
MINOR $
(SUBR 01)
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.54	9.1	deg C	0	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	******	******	******	7.47	9.46	******	mg/l	0	Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. DAILY MN	Req. Mon. MO AVG	******	mg/L		Monthly	GRAB
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	149	200	lb/d	******	8.57	13.3	mg/l	0	Weekly	Comp24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	4773.8	******	lb/d	******	238.5	******	mg/l	0	Weekly	comp24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	6.88	******	7.19	SU	0	Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/l	0	once per 2 months	Comp24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	87	108	lb/d	******	<5.0	<5.0	mg/l	0	weekly	comp24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Harry Grubham / Mayor	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Harry Grubham	208 245 2577		2/5/2016
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)

ICIS 2/12/16 JM

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	11172.	******	lb/d	******	558	******	mg/L	0	weekly	comp24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.89	9.93	mg/L	0	weekly	comp 24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	9.03	9.03	mg/L	0	monthly	comp 24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	******	******	******	******	.457	.457	mg/L	0	monthly	comp 24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.88	1.88	mg/L	0	monthly	comp 24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L	0	once per 2 months	comp 24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L	0	Twice per year	comp 24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC- MF	SAMPLE MEASUREMENT	*******	*******	*******	*******	<2	<2	#/100ml	0	Five per month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.0	3.1	MGD	*******	*******	*******	*******	0	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	1.16	1.95	lb/d	*******	.07	.13	mg/L	0	Five per week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*******	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5- day, percent removal	SAMPLE MEASUREMENT	*******	*******	*******	96	*******	*******	%	0	weekly	calctd
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*******	*******	*******	85 MINIMUM	*******	*******	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*******	*******	*******	99	*******	*******	%	0	weekly	calctd
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*******	*******	*******	85 MINIMUM	*******	*******	%		Weekly	CALCTD

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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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