NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

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

NAME: GARY DOLANA
ADDRESS: 5791 W 11350 N
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM- A

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

DMR Mailing ZIP CODE: 84765
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	-	-	NS	NS
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.60	cfs	******	******	******	******	1	monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

RECEIVED
SEP 19 2016
U.S. EPA REGION 10
Office of Compliance and Enforcement

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeffrey Koehn	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208 420-0854		09/09/2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICI 9/22/16 JR

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

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: JUKER FARM PONDS, ARK FISHERIES INC
ADDRESS: 1107 E. 2900 S.
HAGERMAN, ID 83332
FACILITY: JUKER FARM PONDS
LOCATION: 1580 EAST 4400 NORTH
BUHL, ID 83332
ATTN: LYNN BABINGTON, OPERATOR

IDG130070	SUM- 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)
FACILITY TOTAL
Sum

SEP 12 2016

No Discharge ☐

Feed 4550 II

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	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	97 MO AVG	184.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.3 MO AVG	1.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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			9/7/16
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICIS 9/15/16 JJL

NATIONAL 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
FACILITY: JUKER FARM PONDS
LOCATION: 1580 EAST 4400 NORTH
BUHL, ID 83332
ATTN: LYNN BABINGTON, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130070	SUM- A

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

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******				NS	
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.2	cfs	******	******	******	******		1/mo	ms
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

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			9/7/16
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

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

NAME: GARY DOLANA
ADDRESS: 5791 W 11350 N
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM- A

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

DMR Mailing ZIP CODE: 84765
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	-	-	NS	NS
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.48	cfs	******	******	******	******	1	Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

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SEP - 6 2016
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Office of Compliance and Enforcement

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeffrey Koehn	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208	420-0854	08/31/2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICIS 9/8/16 JS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

RECEIVED
AUG 5 2016
U.S. EPA REGION 10
Office of Compliance and Enforcement

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

NAME: GARY DOLANA
ADDRESS: 5791 W 11350 N
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316
ATTN: JEFF KOEHN, OPERATOR

IDG130069	SUM- A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 84765
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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	******	******	******	******	<2.0	<2.0	mg/L	1	Semi Anal.	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	30.24	30.24	lb/d	******	<2.0	<2.0	mg/L	1	Semi Anal	CALCTD
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	<2.0	<2.0	mg/L	1	Semi Anal	Compos.
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0.069	0.069	mg/L	1	Semi Anal	Compos.
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0.54	0.54	lb/d	******	0.036	0.036	mg/L	1	Semi Anal	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0.033	0.033	mg/L	1	Semi Anal	Compos
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NS	—	—	NS	NS
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Dolana	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801 971-7882		7/11/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICIS 8/10/16 JR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

RECEIVED
AUG 5 2016
U.S. EPA REGION 8
Office of Compliance and Enforcement

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

NAME: GARY DOLANA
ADDRESS: 5791 W 11350 N
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316
ATTN: JEFF KOEHN, OPERATOR

IDG130069	SUM- A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 84765
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	-	-	NS	NS
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.8	CFS.	******	******	******	******	1	Monthly	MSRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801 971-7882		07/11/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
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ADDRESS: 5791 W 11350 N
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316
ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM- A

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

DMR Mailing ZIP CODE: 84765
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

RECEIVED
JUN 30 2016
U.S. EPA REGION 10
Office of Compliance and Enforcement

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	******	******	******	******	NA	NA	–	–	NA	NA
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	NA	NA	NA	******	NA	NA	–	–	NA	NA
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	–	–	NA	NA
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	–	–	NA	NA
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NA	NA	NA	******	NA	NA	–	–	NA	NA
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	–	–	NA	NA
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NA	–	–	NA	NA
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE 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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ICB 7/1/16 JR

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: GARY DOLANA
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FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
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ATTN: JEFF KOEHN, OPERATOR

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06/01/2016	06/30/2016

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(SUBR 05)
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JUN 30 2016
U.S. EPA REGION 10
Office of Compliance and Enforcement

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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			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NA	–	–	NA	NA
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.68	cfs	******	******	******	******	1	Monthly	MSRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

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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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JUN 6 2016
U.S. EPA REGION 8
Office of Compliance and Enforcement

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BUHL, ID 83316
ATTN: JEFF KOEHN, OPERATOR

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

DMR Mailing ZIP CODE: 84765
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(SUBR 05)
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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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	—	—	NA	NA
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	NA	NA	NA	******	NA	NA	—	—	NA	NA
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	—	-	NA	NA
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	—	—	NA	NA
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NA	NA	NA	******	NA	NA	—	-	NA	NA
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	—	—	NA	NA
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NA	—	—	NA	NA
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801 971-	7882	5/8/16
TYPED OR PRINTED		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 INSTRUCTION SHEET ACCOMPANYING DMR.

ICIS 6/7/16 JK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

RECEIVED
JUN 6 2016
U.S. EPA REGION 10
Office of Compliance and Enforcement

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

NAME: GARY DOLANA
ADDRESS: 5791 W 11350 N
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM- A

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

DMR Mailing ZIP CODE: 84765
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NA	—	—	NA	NA
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.28	CFS	******	******	******	******	1	Monthly	MSRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801 971-7887		06/01/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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

Form Approved
OMB No. 2040- 0004

RECEIVED
MAY 23 2016
U.S. EPA REGION 10
Office of Compliance and Enforcement

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: GARY DOLANA
ADDRESS: 5791 W 11350 N
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316
ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM- A

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

DMR Mailing ZIP CODE: 84765
MINOR
(SUBR 05)
FACILITY TOTAL
Sum
No Discharge

PARAMETER		QUANTITY OR LOADING VALUE	VALUE	UNITS	QUALITY OR CONCENTRATION VALUE	VALUE	VALUE	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	—	—	NA	NA
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	NA	NA	NA	******	NA	NA	—	—	NA	NA
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	—	—	NA	NA
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	—	—	NA	NA
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NA	NA	NA	******	NA	NA	—	—	NA	NA
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	—	—	NA	NA
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NA	—	—	NA	NA
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801 921-7882		4/1/16
TYPED OR PRINTED		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 INSTRUCTION SHEET ACCOMPANYING DMR.

KLJ 5/26/16 JA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

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

NAME: GARY DOLANA
ADDRESS: 5791 W 11350 N
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

IDG130069	SUM- A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 84765
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

RECEIVED
MAY 23 2016
U.S. EPA REGION 10
Office of Compliance and Enforcement

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NA	—	—	NA	NA
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.26	CFS	******	******	******	******	1	Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801 972-	7852	4/1/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

RECEIVED
FEB 25 2016
U.S. EPA Region 8
Office of Compliance and Enforcement

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

NAME: GARY DOLANA
ADDRESS: 5791 W 11350 N
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM- A

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

DMR Mailing ZIP CODE: 84765
MINOR
(SUBR 05)
FACILITY TOTAL
Sum
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	******	******	******	******	NA	NA	—	—	NA	NA
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	NA	NA	—	******	NA	NA	—	—	NA	NA
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	—	—	NA	NA
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	—	—	NA	NA
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NA	NA	—	******	NA	NA	—	—	NA	NA
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	—	—	NA	NA
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NA	—	—	NA	NA
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801	971-7882	02/01/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICIS 2/29/16 SI

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

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: GARY DOLANA
ADDRESS: 5791 W 11350 N
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316
ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM- A

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

DMR Mailing ZIP CODE: 84765
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NA	—	—	NA	NA
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.36	CFS	******	******	******	******	1	~~Monthly~~ 14	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

MEASURED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801 971-7882		03/01/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
JAN 28 2016
U.S. EPA REGION 10
Office of Compliance and Enforcement

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

NAME: GARY DOLANA

ADDRESS: ~~5791 W 11350 N HIGHLAND, UT 84003~~ 3951 LONDON LN SANTA CLARA, UT 84765

FACILITY: DOLANA TROUT FARMS INC

LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM- A

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

DMR Mailing ZIP CODE: 84765
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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	******	******	******	******	NA	NA	–	–	NA	NA
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	NA	NA	NA	******	NA	NA	–	–	NA	NA
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	–	–	NA	NA
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	–	–	NA	NA
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NA	NA	NA	******	NA	NA	–	–	NA	NA
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	–	–	NA	NA
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NA	–	–	NA	NA
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801	971-7882	01/01/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICHS 1/29/16 JR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED DEC 1 4 2015 OFFICE OF DWQ

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

NAME: DOLANA FARM PONDS
ADDRESS: 5791 WEST, 11350 NORTH
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

IDG130069	SUM-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
~~12/11/2015~~ 10/1/2015	~~12/11/30/2015~~ 12/31/2015

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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	******	******	******	******	NA	NA	—	—	NA	NA
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	NA	NA	NA	******	NA	NA	—	—	NA	NA
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	—	—	NA	NA
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	—	—	NA	NA
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NA	NA	NA	******	NA	NA	—	—	NA	NA
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NA	NA	—	—	NA	NA
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NA	—	—	NA	NA
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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	801 971	7882	12/01/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

KLS 12/15/15 JR

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: DOLANA FARM PONDS
ADDRESS: 5791 WEST, 11350 NORTH
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2015	11/30/2015

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

DEC 1 4 2015

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NA	NA	—	NA	NA
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.72	CFS	******	******	******	******	1	Monthly	MSRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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	801 971-7882		12/01/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
DEC 14 2015
U.S. EPA REGION 10
OFFICE OF COMPLIANCE & ENFORCEMENT

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

NAME: DOLANA FARM PONDS
ADDRESS: 5791 WEST, 11350 NORTH
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

IDG130069	SUM-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
11/1/2015	11/30/2015

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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	******	******	******	******	<2.00	<2.00	mg/L	1	Semi-Annual	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	33.7	33.7	lb/d	******	<2.00	<2.00	mg/L	1	Semi-Annual	Calcd
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	<2.0	<2.0	mg/L	1	Semi-Annual	Compos
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0.102	0.102	mg/L	1	Semi-Annual	Compos
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.9	1.9	lb/d	******	0.068	0.068	mg/L	1	Semi-Annual	Calcd
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0.034	0.034	mg/L	1	Semi-Annual	Compos
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NA	—	—	NA	NA
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801 971-7882		11/01/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ILD 12/15/15 JL

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: DOLANA FARM PONDS
ADDRESS: 5791 WEST, 11350 NORTH
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2015	11/30/2015

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

DEC 1 4 2015

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NA	—	—	NA	NA
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.40	CFS	******	******	******	******	1	Monthly	MSRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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	801 771-7882		11/30/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: DOLANA FARM PONDS
ADDRESS: 5791 WEST, 11350 NORTH
HIGHLAND, UT 84003

FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2015	10/31/2015

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

RECEIVED OCT 27 2015

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	******	******	******	******	NS	NS	–	–	NS	NS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	NS	NS	NS	******	NS	NS	–	–	NS	NS
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NS	NS	NS	******	NS	NS	–	–	NS	NS
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	–	NS	NS
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801	9717882	10/1/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICIS 11/4/15 JM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
OCT 27 2015
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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

NAME: DOLANA FARM PONDS
ADDRESS: 5791 WEST, 11350 NORTH
HIGHLAND, UT 84003

FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2015	10/31/2015

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	–	–	NS	NS
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.32	CFS	******	******	******	******	1	Monthly	MSRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801 971 7882		10/1/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED SEP 2 4 2015 U.S. EPA REGION 10 OFFICE OF COMPLIANCE

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

NAME: DOLANA FARM PONDS
ADDRESS: 5791 WEST, 11350 NORTH
HIGHLAND, UT 84003

FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM-A

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

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	VALUE	UNITS	QUALITY OR CONCENTRATION VALUE	VALUE	VALUE	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	NS	NS	NS	******	NS	NS	–	–	NS	NS
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NS	NS	NS	******	NS	NS	–	–	NS	NS
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NS	–	–	NS	NS
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801 971-7882		09/01/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICIJ 9/30/15 JR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
SEP 2 4 2015
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ECOSYSTEM PROTECTION

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

NAME: DOLANA FARM PONDS
ADDRESS: 5791 WEST, 11350 NORTH
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

IDG130069	SUM-A
PERMIT NUMBER	**DISCHARGE NUMBER**

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

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	—	—	NS	NS
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.16	CFS	******	******	******	******	1	MONTHLY	MSRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801-971-	7852	09/01/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
AUG 2 4 2015
U.S. EPA REGION 10
OFFICE OF WATER & WATERSHEDS

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

NAME: DOLANA FARM PONDS
ADDRESS: 5791 WEST, 11350 NORTH
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM-A

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

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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	******	******	******	******	NS	NS	–	–	NS	NS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	NS	NS	NS	******	NS	NS	–	–	NS	NS
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NS	NS	NS	******	NS	NS	–	–	NS	NS
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NS	–	–	NS	NS
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	435	3599572	08/01/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICIS 8/24/15 JR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: DOLANA FARM PONDS
ADDRESS: 5791 WEST, 11350 NORTH
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

IDG130069	SUM-A
PERMIT NUMBER	**DISCHARGE NUMBER**

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

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

RECEIVED
AUG 2 4 2015
OFFICE OF LICENSING, TECHNICAL ASSISTANCE AND ENFORCEMENT

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	~~A~~	—	NS	NS
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.70	CFS	******	******	******	******	1	Monthly	MSRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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	435 3599542		05/01/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED AUG 2 4 2015 U.S. EPA REGION 10 OFFICE OF ECOSYSTEMS, TOXICS AND WATERSHEDS

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

NAME: DOLANA FARM PONDS
ADDRESS: 5791 WEST, 11350 NORTH
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

IDG130069	SUM-A
PERMIT NUMBER	**DISCHARGE NUMBER**

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

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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	******	******	******	******	NS	NS	–	–	NS	NS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	NS	NS	NS	******	NS	NS	–	–	NS	NS
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NS	NS	NS	******	NS	NS	–	–	NS	NS
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NS	–	–	NS	NS
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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	435-359957		07/01/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICIS 8/24/15 JS

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: DOLANA FARM PONDS
ADDRESS: 5791 WEST, 11350 NORTH
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

IDG130069	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

AUG 2 4 2015

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	—	—	NS	NS
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.16	CFS	******	******	******	******	1	MSRD	Monthly
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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	435	3599572	07/01/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED JUN 2 2 2015 OFFICE OF COMPLIANCE

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

NAME: DOLANA FARM PONDS
ADDRESS: 5791 WEST, 11350 NORTH
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

IDG130069	SUM-A
PERMIT NUMBER	**DISCHARGE NUMBER**

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

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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	******	******	******	******	NS	NS	–	–	NS	NS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	NS	NS	NS	******	NS	NS	–	–	NS	NS
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NS	NS	NS	****** –	NS	NS	–	–	NS	NS
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NS	–	–	NS	NS
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	435-359-9522		06/0/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICIS 6/22/15 JOL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

RECEIVED JUN 2 2 2015 U.S. EPA REGION 10 OFFICE OF CWA

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

NAME: DOLANA FARM PONDS
ADDRESS: 5791 WEST, 11350 NORTH
HIGHLAND, UT 84003

FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM-A

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

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	–	–	NS	NS
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.00	CFS	******	******	******	******	1	Monthly	MSRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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	435	3599572	06/01/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NAME: DOLANA FARM PONDS

ADDRESS: ~~5791 WEST, 11350 NORTH HIGHLAND, UT 84003~~ 3951 LONDON LN SANTA CLARA, UT 84765

FACILITY: DOLANA TROUT FARMS INC

LOCATION: ~~3823 NORTH 1100 EAST~~ 1084 E 3800 N
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM-A

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

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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	******	******	******	******	NS	NS	—	—	NS	NS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	NS	NS	NS	******	NS	NS	—	—	NS	NS
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	—	—	NS	NS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	—	—	NS	NS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NS	NS	NS	******	NS	NS	—	—	NS	NS
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	—	—	NS	NS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NS	—	—	NS	NS
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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	801	971-7882	5/1/15
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICIS 5/28/15 JOL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: DOLANA FARM PONDS

ADDRESS: ~~5791 WEST, 11350 NORTH HIGHLAND, UT 84003~~ 3951 LONDON LANE SANTA CLARA UT 84765

FACILITY: DOLANA TROUT FARMS INC

LOCATION: ~~3823 NORTH 1100 EAST~~ 1054 E 3800N BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM-A

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

DMR Mailing ZIP CODE: 84003

MINOR
(SUBR 05)
FACILITY TOTAL
Sum

RECEIVED
MAY 14 2015
OFFICE OF COMPLIANCE AND ENFORCEMENT

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	—	—	NS	NS
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.82	CFS	******	******	******	******	1	Monthly	MEASRD.
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801	971 7882	5/1/15
TYPED OR PRINTED		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 INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED MAY 14 2015 OFFICE OF ...

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

NAME: DOLANA FARM PONDS

ADDRESS: ~~5791 WEST, 11350 NORTH HIGHLAND, UT 84003~~ 3951 LONDON LN SANTA CLARA UT 84765

FACILITY: DOLANA TROUT FARMS INC

LOCATION: ~~3823 NORTH 1100 EAST~~ 1084 E 3800 N
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM-A

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

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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	******	******	******	******	NS	NS	–	–	NS	NS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	NS	NS	NS	******	NS	NS	–	–	NS	NS
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NS	NS	NS	******	NS	NS	–	–	NS	NS
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	–	–	NS	NS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NS	–	–	NS	NS
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801	971-7882	5-1-15
TYPED OR PRINTED		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 INSTRUCTION SHEET ACCOMPANYING DMR.

ICIS 5/28/15 JOL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NAME: DOLANA FARM PONDS
ADDRESS: 5791 WEST, 11350 NORTH
HIGHLAND, UT 84003
FACILITY: DOLANA TROUT FARMS INC
LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM-A

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

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	–	–	NS	NS
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.48	CFS	******	******	******	******	1	Monthly	MSRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801-971-7882		4/1/15
TYPED OR PRINTED		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 INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: DOLANA FARM PONDS

ADDRESS: ~~5791 WEST, 11350 NORTH HIGHLAND, UT 84003~~ 3951 LONDON LN SANTA CLARA UT. 84765

FACILITY: DOLANA TROUT FARMS INC

LOCATION: ~~3823 NORTH 1100 EAST~~ 1084 E 3800N
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM-A

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

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	—	—	NS	NS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	NS	NS	NS	******	NS	NS	—	-	NS	NS
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	—	-	NS	NS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	—	-	NS	NS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NS	NS	NS	******	NS	NS	—	—	NS	NS
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	—	—	NS	NS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NS	—	—	NS	NS
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801 971-7552		3/1/15
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

MAR 23 2015
U.S. EPA REGION 10
Office of Compliance and Enforcement

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: DOLANA FARM PONDS

ADDRESS: ~~5791 WEST, 11350 NORTH HIGHLAND, UT 84003~~ 3951 LONDON LN SANTA CLARA, UT 84765

FACILITY: DOLANA TROUT FARMS INC

LOCATION: ~~3823 NORTH 1100 EAST~~ 1084 E 3800N
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM-A

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

DMR Mailing ZIP CODE: 84003

MINOR
(SUBR 05)
FACILITY TOTAL
Sum

RECEIVED
MAR 2 3 2015
OFFICE OF COMPLIANCE AND ENFORCEMENT

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	–	–	NS	NS
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.28	CFS	******	******	******	******	1	Monthly	MSRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801 971-	7881	3/1/15
TYPED OR PRINTED		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 INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: DOLANA FARM PONDS
ADDRESS: ~~5791 WEST, 11350 NORTH HIGHLAND, UT 84003~~ 3951 LONDON LN SANTA CLARA UT 84765
FACILITY: DOLANA TROUT FARMS INC
LOCATION: ~~3823 NORTH 1100 EAST~~ 1054 N 3400 N
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM-A

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

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	<2.0	<2.0	mg/L	1	SEMI ANN	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	43.0	43.4	lb/d	******	<2.0	<2.0	mg/L	1	Semi Ann	CALCULATED
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	<2.0	<2.0	mg/L	1	Semi Ann	Compos
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0.101	0.101	mg/L	1	Semi Ann	Compos.
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0.069	0.069	lb/d	******	0.069	0.069	mg/L	1	Semi Ann	CALCULATED
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0.032	0.032	mg/L	1	Semi Ann	Compos
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801 971 7852		3/28/15
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

RECEIVED
MAR 23 2015
U.S. EPA REGION 10
Office of Compliance and Enforcement

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICTC 3/24/15

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
MAR 2 3 2015
U.S. EPA REGION 10
OFFICE OF WATER AND WATERSHEDS - COMPLIANCE UNIT

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

NAME: DOLANA FARM PONDS
ADDRESS: ~~5791 WEST, 11350 NORTH HIGHLAND, UT 84003~~
FACILITY: DOLANA TROUT FARMS INC
LOCATION: ~~3823 NORTH 1100 EAST~~ 1084E 3800N.
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM-A

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

DMR Mailing ZIP CODE: 84003
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	VALUE	UNITS	QUALITY OR CONCENTRATION VALUE	VALUE	VALUE	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	-	NS	NS
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.12	cfs	******	******	******	******	1	Monthly	MSRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801 927 7882		3/25/15
TYPED OR PRINTED		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 INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED JAN 2 6 2015 U.S. EPA REGION 10 OFFICE OF COMPLIANCE AND ENFORCEMENT

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

NAME: DOLANA FARM PONDS

ADDRESS: ~~5791 WEST, 11350 NORTH HIGHLAND, UT 84003~~ 3951 LONDON LANE SANTA CLARA, UTAH 84765

FACILITY: DOLANA TROUT FARMS INC

LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM-A

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

DMR Mailing ZIP CODE: 84003

MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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	******	******	******	******	NS	NS	NS	–	NS	NS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	NS	NS	NS	******	NS	NS	NS	–	NS	NS
00530 2 0 Effluent Net	PERMIT REQUIREMENT	105.2 MO AVG	199.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NS	NS	NS	–	NS	NS
00530 G 0	PERMIT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
		******	******	******	******	NS	NS	NS	–	NS	NS
		******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
		NS	NS	NS	******	NS	NS	NS	–	NS	NS
		1.8 MO AVG	2.7 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	CALCTD
		******	******	******	******	NS	NS	NS	–	NS	NS
		******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
		******	******	******	******	******	NS	NS	–	NS	NS
		******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

Please Note change in address — Gary Dolana

ICIS 2/4/15

r penalty of law that this document and all attachments were prepared under my direction or n accordance with a system designed to assure that qualified personnel properly gather and information submitted. Based on my inquiry of the person or persons who manage the ose persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RECEIVED JAN 2 6 2015 U.S. EPA REGION 10 Office of Compliance and Enforcement

TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (AREA Code / NUMBER)	DATE (MM/DD/YYYY)
GARY DOLANA	Gary Dolana	801-971-7882	1/2/2015

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICIS 2/2/15

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
JAN 26 2015

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

NAME: DOLANA FARM PONDS

ADDRESS: ~~5791 WEST, 11350 NORTH HIGHLAND, UT 84003~~ 3857 LONDON LANE SANTA CLARA, UTAH 84765

FACILITY: DOLANA TROUT FARMS INC

LOCATION: 3823 NORTH 1100 EAST
BUHL, ID 83316

ATTN: JEFF KOEHN, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130069	SUM-A

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

DMR Mailing ZIP CODE: 84003

MINOR
(SUBR 05)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	—	NS	NS
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.96	CFS	******	******	******	******	1	Monthly	MSRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY DOLANA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Dolana	801-971-	7802	01/01/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.