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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.1	2.1	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	529	529	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.148	.165	mg/L		Eight per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	52.2	61.1	lb/d	******	.109	.129	mg/L		Eight per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.039	.043	mg/L		Eight per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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DISCHARGE MONITORING REPORT (DMR)

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07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	89.49	cfs	******	******	******	******		Eight per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	28	28	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	31.9	31.9	lb/d	******	27	27	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2225	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.188	3.648	mg/L		Eight per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	OSB-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.84	3.91	lb/d	******	2.149	3.612	mg/L		Eight per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.216	cfs	******	******	******	******		Eight per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(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	561.1	561.1	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	54 ** **	65 ** **	lb/d	******	.112 ** **	******	mg/L	1	Eight per Month	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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Please see attachment A for explanation of noncompliance of net average monthly total phosphorous limit

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DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	494	494	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.126	.137	mg/L		Four per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	44.5	49.3	lb/d	******	.09	.1	mg/L		Four per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.035	.037	mg/L		Four per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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08/01/2018	08/31/2018

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MAJOR
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RACEWAYS
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	91.42	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.8	15	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	42	42	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	45.7	45.7	lb/d	******	41	41	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	4050	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.04	.04	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.764	2.56	mg/L		Four per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	OSB-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.69	2.85	lb/d	******	1.729	2.525	mg/L		Four per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.209	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		09/20/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(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	539.4	539.4	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	46.2 ** **	51.5 ** **	lb/d	******	.094 ** **	******	mg/L		Four per Month	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	505	505	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.123	.133	mg/L		Three per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	42.4	48.1	lb/d	******	.083	.093	mg/L		Three per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.041	.041	mg/L		Three per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	96.21	cfs	******	******	******	******		Three per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P O BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
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BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	27	27	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	31.1	31.1	lb/d	******	26	26	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	4650	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.987	2.215	mg/L		Three per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	OSB-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.01	2.58	lb/d	******	1.946	2.174	mg/L		Three per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.22	cfs	******	******	******	******		Three per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(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	536.1	536.1	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	44.4 ** **	50 ** **	lb/d	******	.086 ** **	******	mg/L		Three per Month	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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

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IDG130002	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.4	2.4	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	749	749	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.104	.104	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	35.9	35.9	lb/d	******	.067	.067	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.037	.037	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	99.22	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		.1/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	24	24	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	26.5	26.5	lb/d	******	23	23	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3350	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.253	1.253	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.42	1.42	lb/d	******	1.216	1.216	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.216	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	775.4	775.4	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	37.3 ** **	37.3 ** **	lb/d	******	.069 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	534	534	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.109	.11	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	36.5	36.8	lb/d	******	.068	.069	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.041	.041	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
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ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	98.87	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	10.8	11	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	20	21	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	19.3	20.4	lb/d	******	19	20	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	9700	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.23	.23	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.096	1.123	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
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BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
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ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.06	1.09	lb/d	******	1.055	1.083	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.186	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	553.2	554.4	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	37.6 ** **	37.8 ** **	lb/d	******	.07 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.1	2.1	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	578	578	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.122	.122	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	43.6	43.6	lb/d	******	.083	.083	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.039	.039	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		01/18/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	97.47	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	37	37	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	39.9	39.9	lb/d	******	36	36	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	5900	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.586	1.586	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.74	1.74	lb/d	******	1.547	1.547	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.208	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	617.8	617.8	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	45.4 ** **	45.4 ** **	lb/d	******	.086 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	513	513	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.119	.132	mg/L		Twice per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	42.8	47.7	lb/d	******	.083	.093	mg/L		Twice per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.036	.039	mg/L		Twice per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	95	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22	22	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	17.3	17.3	lb/d	******	21	21	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	750	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.861	3.426	mg/L		Twice per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P O BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
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ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.6	3.34	lb/d	******	2.826	3.394	mg/L		Twice per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.182	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.1	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		02/19/2019
TYPED OR PRINTED		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 DMRS.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	530.3	530.3	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	45.1 ** **	49.5 ** **	lb/d	******	.088 ** **	******	mg/L		Twice per Month	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	502	502	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.122	.122	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	44.7	44.7	lb/d	******	.089	.089	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.033	.033	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	93.03	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	10.6	11	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.7	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	24	28	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	19.4	22.6	lb/d	******	23	27	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2525	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.2	.2	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.223	1.238	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.01	1.02	lb/d	******	1.19	1.205	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.157	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	521.8	525	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	45.7 ** **	45.7 ** **	lb/d	******	.091 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	489	489	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.129	.155	mg/L		Four per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	44.7	48.7	lb/d	******	.091	.101	mg/L		Four per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.037	.054	mg/L		Four per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	91.81	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		04/18/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	44	44	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	42.7	42.7	lb/d	******	43	43	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	1000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.17	2.865	mg/L		Four per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		04/18/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.98	2.79	lb/d	******	2.133	2.831	mg/L		Four per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.188	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	531.5	531.5	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	46.7 ** **	51.1 ** **	lb/d	******	.095 ** **	******	mg/L		Four per Month	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	490	490	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.123	.123	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	41.6	41.6	lb/d	******	.085	.085	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.038	.038	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	90.65	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	33	33	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	31.1	31.1	lb/d	******	32	32	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	18400	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.985	1.985	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
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IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.88	1.88	lb/d	******	1.947	1.947	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.179	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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IDG130002	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	520.7	520.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	43.4 ** **	43.4 ** **	lb/d	******	.089 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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IDG130002	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	2.3	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	554	626	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.127	.14	mg/L		Four per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	46	52.5	lb/d	******	.096	.109	mg/L		Four per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.031	.033	mg/L		Four per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		06/19/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	89.48	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.1	13.5	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.5	******	8.7	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	9	10	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	11	11.5	lb/d	******	8	9	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2367	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< .01	< .01	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.84	1.504	mg/L		Four per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.74	.84	lb/d	******	.809	1.471	mg/L		Four per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.251	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	564.9	637	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	46.8 ** **	53.4 ** **	lb/d	******	.097 ** **	******	mg/L		Four per Month	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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

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OMB No. 2040-0004

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BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	484	484	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.107	.107	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	36.3	36.3	lb/d	******	.075	.075	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.032	.032	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	89.69	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
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FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	8	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	8.5	8.5	lb/d	******	7	7	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	21300	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.442	.442	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.47	.47	lb/d	******	.41	.41	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.212	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		07/18/2019
TYPED OR PRINTED		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 DMRS.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	492.8	492.8	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	36.8 ** **	36.8 ** **	lb/d	******	.076 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	482	482	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.084	.084	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	23.6	23.6	lb/d	******	.049	.049	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.035	.035	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	89.23	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	12	12	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	9.7	9.7	lb/d	******	11	11	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	8100	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.022	1.022	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.9	.9	lb/d	******	.987	.987	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.169	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	491.5	491.5	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	24.5 ** **	24.5 ** **	lb/d	******	.051 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
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FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	483	483	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.093	.093	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	28.5	29	lb/d	******	.059	.06	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.034	.034	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	89.47	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15.9	16	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.9	******	8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	18	18	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	15.1	15.2	lb/d	******	17	17	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	18900	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	3.06	3.06	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.64	.653	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		09/17/2019
TYPED OR PRINTED		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 DMRS.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.54	.55	lb/d	******	.606	.619	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.165	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	498.2	498.3	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	29 ** **	29.5 ** **	lb/d	******	.06 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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

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OMB No. 2040-0004

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BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	498	498	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.071	.071	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	16.9	16.9	lb/d	******	.034	.034	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.037	.037	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	92.24	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	11	11	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	6.9	6.9	lb/d	******	10	10	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	883	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.57	.57	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
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BUHL, ID 83316
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.38	.38	lb/d	******	.533	.533	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.133	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	505	505	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17.3 ** **	17.3 ** **	lb/d	******	.035 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3.3	3.3	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1216	1216	lb/d	******	2.3	2.3	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.133	.133	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	46.5	46.5	lb/d	******	.088	.088	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.045	.045	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Julie Stadelman/ Director of Quality Assurance	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		.1/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	97.95	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	13	13	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	10.1	10.1	lb/d	******	12	12	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	18600	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.552	.552	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.41	.41	lb/d	******	.507	.507	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.15	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1225.8	1225.8	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	46.9 ** **	46.9 ** **	lb/d	******	.089 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	527	528	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.109	.109	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	34.5	34.8	lb/d	******	.065	.066	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.043	.043	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Jermunson	(208)751-3424		.2/18/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	97.72	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
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FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.1	13.5	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.2	******	8.3	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5	6	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	5.2	5.7	lb/d	******	4	5	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	8400	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.4	.4	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.372	.385	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.38	.4	lb/d	******	.329	.342	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.216	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Jermunson	(208)751-3424		.2/18/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	532.3	532.4	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	34.9 ** **	35.1 ** **	lb/d	******	.066 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	519	519	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.075	.075	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	21.2	21.2	lb/d	******	.041	.041	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.034	.034	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	96.04	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	23	23	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	15	15	lb/d	******	22	22	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3550	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.743	.743	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.49	.49	lb/d	******	.709	.709	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.127	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	533.7	533.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	21.7 ** **	21.7 ** **	lb/d	******	.042 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130002	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASINS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P O BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - SNAKE RIVER FARM
LOCATION: 1585-A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130002	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(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				******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	2581.9 MO AVG	4905.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	** **	** **		******	** **	******				
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	47 MO AVG	69.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	******	mg/L		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.3	2.3	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1774	1774	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.083	.083	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	72.3	72.3	lb/d	******	.053	.053	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	252.72	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	60	60	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	13.1	13.1	lb/d	******	59	59	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2167	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OS2-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	10.293	10.293	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.27	2.27	lb/d	******	10.263	10.263	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.041	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	37	37	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	10.9	10.9	lb/d	******	36	36	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	1075	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.981	7.981	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OSB-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.39	2.39	lb/d	******	7.951	7.951	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.056	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	SUM-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1797.5	1797.5	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	77 ** **	77 ** **	lb/d	******	.056 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.1	2.1	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1539	1539	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.075	.075	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	61.6	61.6	lb/d	******	.044	.044	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.031	.031	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	259.13	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OS2-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17.3	17.5	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.2	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	42	42	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	7.3	7.3	lb/d	******	41	41	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3050	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	13.2	13.2	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OS2-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	12.521	12.521	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.21	2.21	lb/d	******	12.49	12.49	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.031	.031	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.033	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16.8	17	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.9	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	37	37	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	11.9	11.9	lb/d	******	36	36	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	4050	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	7.16	7.16	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.374	7.374	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: PO BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.43	2.43	lb/d	******	7.343	7.343	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.061	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		09/20/2018
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WENDELL, ID 83355

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	SUM-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1557.9	1557.9	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	66.2 ** **	66.2 ** **	lb/d	******	.047 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1446	1446	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.072	.072	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	62.1	62.1	lb/d	******	.043	.043	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.029	.029	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		.0/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
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LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	267.69	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

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LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	40	41	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	3.2	3.2	lb/d	******	39	40	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	4600	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OS2-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	9.559	9.65	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.77	.78	lb/d	******	9.53	9.622	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.029	.029	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.015	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	37	37	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	10.8	10.9	lb/d	******	36	36	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3150	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	8.711	8.796	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
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LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.61	2.64	lb/d	******	8.682	8.767	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.056	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	SUM-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1459.5	1459.5	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	65.5 ** **	65.5 ** **	lb/d	******	.045 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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IDG130006	001-A
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MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1497	1497	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.073	.073	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	68.9	68.9	lb/d	******	.046	.046	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		.1/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	277.29	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	38	38	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	8.2	8.2	lb/d	******	37	37	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	6800	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	4.607	4.607	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.01	1.01	lb/d	******	4.58	4.58	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.041	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	25	25	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	7.3	7.3	lb/d	******	24	24	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	10600	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.697	2.697	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
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LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.8	.8	lb/d	******	2.67	2.67	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.056	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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OMB No. 2040-0004

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ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1512.9	1512.9	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	70.7 ** **	70.7 ** **	lb/d	******	.047 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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ATTN: MANDI ELDRIDGE

IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1482	1482	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.076	.076	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	71.1	71.1	lb/d	******	.048	.048	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.028	.028	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	274.39	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.1	7.5	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	8.2	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	30	30	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	6.5	6.5	lb/d	******	29	29	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	5950	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.87	.87	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		.2/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
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BUHL, ID 83316
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ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	5.433	5.433	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.2	1.2	lb/d	******	5.405	5.405	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.028	.028	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.041	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	8.4	9	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	19	19	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	5.6	5.6	lb/d	******	18	18	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	1775	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.61	.61	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.195	3.195	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: PO BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.01	1.01	lb/d	******	3.167	3.167	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.059	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
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WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1493.8	1493.8	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	73.3 ** **	73.3 ** **	lb/d	******	.049 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1444	1444	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.08	.081	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	76.5	79.4	lb/d	******	.053	.055	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.028	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	267.48	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	41	43	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	9.5	9.9	lb/d	******	40	42	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	7800	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		01/18/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.869	7.878	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.85	1.85	lb/d	******	7.842	7.852	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.028	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.044	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	18	19	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	5.5	5.6	lb/d	******	17	18	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	1400	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.071	3.158	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.98	1	lb/d	******	3.044	3.13	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.059	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
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WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1459.4	1459.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	79.4 ** **	82.2 ** **	lb/d	******	.055 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1403	1403	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.086	.086	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	72.9	72.9	lb/d	******	.052	.052	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.034	.034	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
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LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	259.8	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	43	43	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	3.1	3.1	lb/d	******	42	42	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	4850	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	8.78	8.78	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.64	.64	lb/d	******	8.746	8.746	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.034	.034	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.014	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		02/19/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	16	16	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	4	4	lb/d	******	15	15	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3500	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.1	2.1	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.56	.56	lb/d	******	2.066	2.066	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1410	1410	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	74.1 ** **	74.1 ** **	lb/d	******	.053 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1371	1371	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.079	.079	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	72.6	72.6	lb/d	******	.053	.053	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.026	.026	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	253.86	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9	10	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.2	******	8.4	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	24	24	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	5.5	5.5	lb/d	******	23	23	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	4400	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.67	.67	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	4.891	4.891	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.15	1.15	lb/d	******	4.865	4.865	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.026	.026	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.044	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	8.8	10	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.1	******	8.5	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	13	13	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	4.1	4.1	lb/d	******	12	12	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	714	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< .01	< .01	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.772	1.772	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		03/19/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.58	.58	lb/d	******	1.746	1.746	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.061	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.1	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
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WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1380.4	1380.4	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	74.4 ** **	74.4 ** **	lb/d	******	.054 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1359	1359	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.081	.081	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	65.9	66.6	lb/d	******	.048	.049	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.033	.033	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	251.73	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	51	52	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	11.8	12.1	lb/d	******	50	51	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2600	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	9.207	9.264	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.16	2.18	lb/d	******	9.175	9.231	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.033	.033	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.044	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	18	20	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	5.8	6.2	lb/d	******	17	19	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	1800	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.123	3.141	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.02	1.03	lb/d	******	3.09	3.109	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.061	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		04/18/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1376.9	1377.6	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	69.1 ** **	69.8 ** **	lb/d	******	.051 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1339	1339	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.08	.08	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	68.3	68.3	lb/d	******	.051	.051	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.029	.029	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	248.01	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	54	54	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	13.4	13.4	lb/d	******	53	53	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	5.998	5.998	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.5	1.5	lb/d	******	5.969	5.969	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.029	.029	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.046	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22	22	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	7.5	7.5	lb/d	******	21	21	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	760	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.203	3.203	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.15	1.15	lb/d	******	3.174	3.174	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.067	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.1	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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IDG130006	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1360.1	1360.1	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	70.9 ** **	70.9 ** **	lb/d	******	.053 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Twice per Month	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1333	1337	lb/d	******	< 2	< 2	mg/L		Twice per Month	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.083	.086	mg/L		Twice per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	73.3	81.1	lb/d	******	.055	.061	mg/L		Twice per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.028	.03	mg/L		Twice per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	247.64	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16	16	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.5	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	48	54	mg/L		Twice per Month	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	11.6	12.9	lb/d	******	47	53	mg/L		Twice per Month	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2750	mg/L		Twice per Month	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.94	2.94	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	5.181	5.36	mg/L		Twice per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.27	1.34	lb/d	******	5.153	5.33	mg/L		Twice per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.028	.03	mg/L		Twice per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.046	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.6	******	******	%		Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16	16	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	30	36	mg/L		Twice per Month	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	9.2	11.6	lb/d	******	29	35	mg/L		Twice per Month	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	1600	mg/L		Twice per Month	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.36	.36	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.165	3.212	mg/L		Twice per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.99	1.05	lb/d	******	3.137	3.182	mg/L		Twice per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.061	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******	%		Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1354.7	1359.7	lb/d	******	******	******	******		Twice per Month	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	75.6 ** **	83.3 ** **	lb/d	******	.057 ** **	******	mg/L		Twice per Month	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1358	1358	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.08	.081	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	70.6	73.3	lb/d	******	.052	.054	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.028	.028	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		07/18/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	251.42	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		07/18/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22	24	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	5.6	6.1	lb/d	******	21	23	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.633	1.703	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.43	.44	lb/d	******	1.606	1.675	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.028	.028	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.049	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		07/18/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	28	29	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	8.9	9.3	lb/d	******	27	28	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	1275	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.149	3.182	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.03	1.04	lb/d	******	3.122	3.155	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.061	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1372.1	1372.1	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	72 ** **	74.7 ** **	lb/d	******	.053 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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NATIONAL 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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WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1365	1365	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.068	.068	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	53.2	53.2	lb/d	******	.039	.039	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.029	.029	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/19/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: PO BOX 712
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LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	252.83	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/19/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	54	54	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	13.6	13.6	lb/d	******	53	53	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2033	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
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BUHL, ID 83316
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LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.439	6.439	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.65	1.65	lb/d	******	6.41	6.41	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.029	.029	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.048	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/19/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22	22	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	6.8	6.8	lb/d	******	21	21	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	1433	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.557	2.557	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.84	.84	lb/d	******	2.528	2.528	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.061	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1385.7	1385.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	55.7 ** **	55.7 ** **	lb/d	******	.041 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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OMB No. 2040-0004

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WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3	3	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	2800	2800	lb/d	******	2	2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.062	.062	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	50.4	50.4	lb/d	******	.036	.036	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.026	.026	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	259.31	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	20	20	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	40	40	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	10.4	10.4	lb/d	******	39	39	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	5100	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.59	8.59	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		09/17/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.843	6.843	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.81	1.81	lb/d	******	6.817	6.817	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.026	.026	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.049	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	19	19	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	19	19	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	7.2	7.2	lb/d	******	18	18	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	1160	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	5.02	5.02	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.735	3.735	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.45	1.45	lb/d	******	3.709	3.709	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.072	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	2817.4	2817.4	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	53.7 ** **	53.7 ** **	lb/d	******	.038 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: PO BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1451	1451	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.059	.062	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	36.3	37.7	lb/d	******	.025	.026	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.034	.036	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	268.7	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	30	31	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	7.6	7.8	lb/d	******	29	30	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	4700	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: PO BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.597	7.649	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.01	2.02	lb/d	******	7.564	7.618	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.034	.036	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.049	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Jermunson	(208)751-3424		.0/17/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5	5	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1.4	1.4	lb/d	******	4	4	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	8200	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.601	.61	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.2	.21	lb/d	******	.567	.574	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.067	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1460	1460.2	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	38.5 ** **	39.9 ** **	lb/d	******	.026 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1472	1472	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.071	.071	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	60.3	60.3	lb/d	******	.041	.041	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Julie Stadelman/ Director of Quality Assurance	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		.1/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	272.62	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	39	39	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	10	10	lb/d	******	38	38	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	8.718	8.718	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.31	2.31	lb/d	******	8.688	8.688	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.049	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: PO BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	11	11	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	3.1	3.1	lb/d	******	10	10	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.359	3.359	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Julie Stadelman/ Director of Quality Assurance	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		.1/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1	1	lb/d	******	3.329	3.329	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.056	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1485.3	1485.3	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	63.6 ** **	63.6 ** **	lb/d	******	.043 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1466	1466	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.068	.068	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	51.3	51.3	lb/d	******	.035	.035	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.033	.033	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Jermunson	(208)751-3424		.2/18/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	271.55	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	10	10	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.5	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	23	23	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	5.9	5.9	lb/d	******	22	22	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.24	2.24	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.262	6.262	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.65	1.65	lb/d	******	6.229	6.229	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.033	.033	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.049	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11	11	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	8.3	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	13	13	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	3.7	3.7	lb/d	******	12	12	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2700	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.95	.95	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.082	3.082	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.92	.92	lb/d	******	3.049	3.049	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.056	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Jermunson	(208)751-3424		.2/18/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1475.9	1475.9	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	53.9 ** **	53.9 ** **	lb/d	******	.037 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.4	2.5	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	2014	2158	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.074	.078	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	66.2	71.9	lb/d	******	.046	.05	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.028	.028	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	266.43	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

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WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	48	52	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	10.4	11.2	lb/d	******	47	51	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2950	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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DISCHARGE MONITORING REPORT (DMR)

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WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.492	7.662	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.65	1.69	lb/d	******	7.464	7.634	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.028	.028	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.041	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	11	12	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	3.1	3.4	lb/d	******	10	11	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2733	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.562	2.573	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.76	.77	lb/d	******	2.534	2.546	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.056	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	2027.1	2172.2	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	68.6 ** **	74.4 ** **	lb/d	******	.048 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Jermunson	(208)751-3424		01/20/2020
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

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

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OS2-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

IDG130006	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
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: CLEAR SPRINGS FOODS INC
ADDRESS: PO BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CRYSTAL SPRINGS TROUT
LOCATION: 2288 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: MANDI ELDRIDGE

PERMIT NUMBER	DISCHARGE NUMBER
IDG130006	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(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				******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	5538.1 MO AVG	10522.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	** **	** **		******	** **	******				
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	82.5 MO AVG	122.1 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.8	2.8	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1410	1410	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.087	.087	mg/L		Monthly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	46.2	46.2	lb/d	******	.059	.059	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.028	.028	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE INSTRUCTION SHEET ACCOMPANYING DMRS.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	145.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

IDG130007	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	45	45	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	16.1	16.1	lb/d	******	44	44	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2550	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	4.496	4.496	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.64	1.64	lb/d	******	4.468	4.468	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.068	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
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BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	SUM-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1425.6	1425.6	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	47.8 ** **	47.8 ** **	lb/d	******	.061 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	784	784	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.085	.086	mg/L		Monthly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	43.9	44.6	lb/d	******	.056	.057	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.029	.029	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	152.28	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	21.4	24.5	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.3	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	67	71	mg/L		Twice per Month	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	32.5	43.3	lb/d	******	66	70	mg/L		Twice per Month	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3375	mg/L		Twice per Month	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	3.04	3.04	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	4.297	4.33	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130007	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.64	2.66	lb/d	******	4.268	4.301	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.114	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.6	******	******	%		Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	SUM-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(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	824.7	826.8	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	46.5 ** **	47.3 ** **	lb/d	******	.058 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		09/20/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	842	842	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.106	.106	mg/L		Monthly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	61.5	61.5	lb/d	******	.073	.073	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.033	.033	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	155.95	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	16	16	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	6.6	6.6	lb/d	******	15	15	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3600	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.531	1.531	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.68	.68	lb/d	******	1.498	1.498	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.084	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
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BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	SUM-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(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	848.7	848.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	62.1 ** **	62.1 ** **	lb/d	******	.074 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	856	856	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.077	.077	mg/L		Monthly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	41.1	41.1	lb/d	******	.048	.048	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.029	.029	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	158.59	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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IDG130007	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	58	85	mg/L		Twice per Month	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	33.4	56.1	lb/d	******	58	84	mg/L		Twice per Month	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	10000	mg/L		Twice per Month	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	5.73	5.73	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		.1/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.81	3.81	lb/d	******	5.701	5.701	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.124	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******	%		Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	912.2	912.2	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	44.9 ** **	44.9 ** **	lb/d	******	.052 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130007	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	886	886	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.094	.097	mg/L		Monthly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	57.6	60.2	lb/d	******	.065	.068	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.029	.029	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	164.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.4	14.5	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.9	******	8.3	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	55	57	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	23.5	24.1	lb/d	******	54	56	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	7700	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.59	2.59	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	5.523	5.568	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.39	2.41	lb/d	******	5.494	5.539	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.08	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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IDG130007	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	909.4	910	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	60 ** **	62.6 ** **	lb/d	******	.068 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	866	866	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.075	.075	mg/L		Monthly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	41.6	41.6	lb/d	******	.048	.048	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		01/18/2019
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	160.42	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		01/18/2019
TYPED OR PRINTED		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 DMRS.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130007	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	53	70	mg/L		Twice per Month	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	14.1	18.4	lb/d	******	52	69	mg/L		Twice per Month	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	7200	mg/L		Twice per Month	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.572	2.572	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.68	.68	lb/d	******	2.545	2.545	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******	%		Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX 712
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BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	884.7	884.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	42.3 ** **	42.3 ** **	lb/d	******	.049 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.7	2.7	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1481.1	1481.1	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.105	.121	mg/L		Twice per Month	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	67.7	83.7	lb/d	******	.078	.096	mg/L		Twice per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.029	mg/L		Twice per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	161.38	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ATTN: TOM LUCAS

IDG130007	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	62	94	mg/L		Twice per Month	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	23.1	34.1	lb/d	******	61	93	mg/L		Twice per Month	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	9400	mg/L		Twice per Month	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.196	10.328	mg/L		Twice per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.3	3.79	lb/d	******	6.169	10.303	mg/L		Twice per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.074	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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IDG130007	SUM-A

MONITORING PERIOD	
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01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1515.2	1515.2	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	70 ** **	87.4 ** **	lb/d	******	.081 ** **	******	mg/L		Twice per Month	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		02/19/2019
TYPED OR PRINTED		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 DMRS.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	871	871	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.095	.096	mg/L		Monthly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	61	61.9	lb/d	******	.07	.071	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.025	.025	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	161.39	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

IDG130007	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.5	14.6	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.6	******	8.9	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	31	33	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	7.1	7.4	lb/d	******	30	32	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	24500	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.35	.35	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.536	1.552	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.35	.36	lb/d	******	1.511	1.527	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.043	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	878.6	878.9	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	61.4 ** **	62.2 ** **	lb/d	******	.07 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	856	856	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.079	.079	mg/L		Monthly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	42.8	42.8	lb/d	******	.05	.05	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.029	.029	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

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

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

SEE INSTRUCTION SHEET ACCOMPANYING DMRS.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	158.59	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	28	28	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	8	8	lb/d	******	27	27	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.464	2.464	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		04/18/2019
TYPED OR PRINTED		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 DMRS.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.73	.73	lb/d	******	2.435	2.435	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.056	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	864.5	864.5	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	43.6 ** **	43.6 ** **	lb/d	******	.051 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	837	837	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.076	.076	mg/L		Monthly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	36.8	36.8	lb/d	******	.044	.044	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.032	.032	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	154.97	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	42	42	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	12.3	12.3	lb/d	******	41	41	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	13600	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.898	3.898	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.16	1.16	lb/d	******	3.866	3.866	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.056	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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IDG130007	SUM-A

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MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	849.2	849.2	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	38 ** **	38 ** **	lb/d	******	.045 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	788	788	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.069	.07	mg/L		Monthly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	36.2	37	lb/d	******	.046	.047	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.023	.023	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

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BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	145.97	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		06/19/2019
TYPED OR PRINTED		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 DMRS.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130007	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15.4	15.5	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.5	******	8.7	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	27	27	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	17.9	18	lb/d	******	26	26	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2900	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< .01	< .01	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.062	1.108	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.73	.76	lb/d	******	1.039	1.085	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.13	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	806.1	806.2	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	37 ** **	37.8 ** **	lb/d	******	.047 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	798	798	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.074	.074	mg/L		Monthly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	39.1	39.1	lb/d	******	.049	.049	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.025	.025	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	147.81	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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IDG130007	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	32	32	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	9.4	9.4	lb/d	******	31	31	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2700	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	4.698	4.698	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.41	1.41	lb/d	******	4.673	4.673	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.056	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	807.6	807.6	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	40.5 ** **	40.5 ** **	lb/d	******	.051 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		07/18/2019
TYPED OR PRINTED		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 DMRS.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	798	798	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.062	.062	mg/L		Monthly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	26.3	26.3	lb/d	******	.033	.033	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.029	.029	mg/L		Monthly	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	147.82	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	32	32	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	8.4	8.4	lb/d	******	31	31	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2350	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.033	2.033	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.054	.054	lb/d	******	2.004	2.004	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	806.7	806.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	26.9 ** **	26.9 ** **	lb/d	******	.034 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	817	817	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.064	.066	mg/L		Monthly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	28.1	29.4	lb/d	******	.034	.036	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	mg/L		Monthly	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	151.24	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	21.2	21.3	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.2	******	8.3	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	21	23	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	22.5	24	lb/d	******	20	22	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	5150	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.64	.64	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.354	1.365	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		09/17/2019
TYPED OR PRINTED		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 DMRS.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.46	1.47	lb/d	******	1.339	1.342	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.204	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	839.2	840.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	29.6 ** **	30.8 ** **	lb/d	******	.036 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

IDG130007	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	856	856	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.054	.054	mg/L		Monthly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	16.2	16.2	lb/d	******	.019	.019	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.035	.035	mg/L		Monthly	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	158.55	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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IDG130007	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22	22	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	11.4	11.4	lb/d	******	21	21	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	4450	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.689	1.689	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.91	.91	lb/d	******	1.654	1.654	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.102	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	867.6	867.6	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17.2 ** **	17.2 ** **	lb/d	******	.02 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	876	876	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.082	.082	mg/L		Monthly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	40.3	40.3	lb/d	******	.046	.046	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.036	.036	mg/L		Monthly	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Julie Stadelman/ Director of Quality Assurance	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		.1/19/201
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	162.29	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Julie Stadelman/ Director of Quality Assurance	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		.1/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130007	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	8	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	2.5	2.5	lb/d	******	7	7	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	1567	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.306	.306	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.09	.09	lb/d	******	7	7	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.065	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	878.5	878.5	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	40.4 ** **	40.4 ** **	lb/d	******	.046 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	906	906	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.078	.079	mg/L		Monthly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	40.7	42.6	lb/d	******	.045	.047	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.033	.034	mg/L		Monthly	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	167.73	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16.6	16.7	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.3	******	8.4	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	7	7	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	3	3.1	lb/d	******	6	6	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	4033	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.56	.56	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.672	.675	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
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LOCATION: 1579A CLEAR LAKES GRADE
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ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.32	.32	lb/d	******	.639	.643	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.093	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	908.7	908.8	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	41.1 ** **	42.9 ** **	lb/d	******	.045 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Jermunson	(208)751-3424		.2/18/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	907	907	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.067	.067	mg/L		Monthly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	35.3	35.3	lb/d	******	.039	.039	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.028	.028	mg/L		Monthly	24 Hour Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	167.89	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

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ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	7	7	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1.9	1.9	lb/d	******	6	6	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	4100	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.297	.297	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.09	.09	lb/d	******	.269	.269	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.065	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	908.5	908.5	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	35.4 ** **	35.4 ** **	lb/d	******	.039 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - MIDDLE HATCHERY/CLEA
LOCATION: 1579A CLEAR LAKES GRADE
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130007	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(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				******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	5390.1 MO AVG	10241.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	** **	** **		******	** **	******				
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	75 MO AVG	111 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.064	.064	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	44.96	44.96	lb/d	******	.049	.049	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.015	.015	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/16/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 16.0Temp Out: 16.1River Temp: 18.4River ph: 7.7River Ammonia: <0.04 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	130.1	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/16/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 16.0Temp Out: 16.1River Temp: 18.4River ph: 7.7River Ammonia: <0.04 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	19.9	19.9	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.4	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	36	36	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	52.92	52.92	lb/d	******	35	35	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4430	4430	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	35	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	< .04	< .04	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/16/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
River Temp: 18.4River pH: 7.7River Ammonia: <0.04

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.04	2.04	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.06	3.06	lb/d	******	2.025	2.025	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.015	.015	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.28	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/16/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
River Temp: 18.4River pH: 7.7River Ammonia: <0.04

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83328
MAJOR
(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	54.43	54.43	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	37.49 ** **	37.49 ** **	lb/d	******	.053 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/16/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.064	.064	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	35.52	35.52	lb/d	******	.049	.049	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.015	.015	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		09/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 17.1Temp Out 17.8

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338

ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	134.23	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		09/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 17.1Temp Out 17.8

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	11	11	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	15.12	15.12	lb/d	******	10	10	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4000	4000	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	11	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.39	.39	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.57	.57	lb/d	******	.375	.375	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.015	.015	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.28	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83328
MAJOR
(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	16.63	16.63	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	36.08 ** **	36.08 ** **	lb/d	******	.0497 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.039	.039	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	19.28	19.28	lb/d	******	.025	.025	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.039	.039	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 16.4 CTemp Out: 16.9 C

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	142.8	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 16.4 CTemp Out: 16.9 C

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16.7	16.7	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	7.8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	13	13	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	18.14	18.14	lb/d	******	12	12	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4010	4010	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.03	1.03	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.578	.578	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.85	.85	lb/d	******	.564	.564	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.014	.014	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.28	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338

ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83328
MAJOR
(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	19.66	19.66	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	20.13 ** **	20.13 ** **	lb/d	******	.026 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.0/16/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.063	.063	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	39.88	39.88	lb/d	******	.048	.048	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.015	.015	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Temp In: 16.4Temp Out: 16.8Receiving Waters Ammonia: < 0.04Receiving Waters Temp: 16.2Receiving Waters pH: 9.3

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	153.87	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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

Temp In: 16.4Temp Out: 16.8Receiving Waters Ammonia: < 0.04Receiving Waters Temp: 16.2Receiving Waters pH: 9.3

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16.6	16.6	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	7.8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	20	20	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	31.81	31.81	lb/d	******	19	19	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	19	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.703	.703	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.15	1.15	lb/d	******	.688	.688	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.015	.015	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.31	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	33.48	33.48	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	41.04 ** **	41.04 ** **	lb/d	******	.049 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	819.9	819.9	lb/d	******	1	1	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.061	.061	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	36.08	36.08	lb/d	******	.044	.044	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.017	.017	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.5CTemp Out: 15.4C

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	151.83	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.5CTemp Out: 15.4C

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.5	14.5	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	20	20	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	31.81	31.81	lb/d	******	19	19	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	20	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.2/13/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.15	1.15	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.9	1.9	lb/d	******	1.133	1.133	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.017	.017	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.31	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	851.71	851.71	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	37.97 ** **	37.97 ** **	lb/d	******	.046 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.031	.031	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	13.65	13.65	lb/d	******	.017	.017	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.014	.014	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 14.5

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338

ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	148.74	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 14.5

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.8	13.8	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	51.5	91	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	84.5	150.7	lb/d	******	50.5	90	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.67	.67	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.4	1.4	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.32	2.32	lb/d	******	1.386	1.386	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.014	.014	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.31	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338

ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	84.5	150.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	16 ** **	16 ** **	lb/d	******	.02 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	791	791	lb/d	******	1	1	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.06	.06	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	31.6	31.6	lb/d	******	.04	.04	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		02/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Temp In: 14.9Temp Out: 14.5Receiving Waters pH: 7.8Receiving Waters temp: 4.2Receiving Waters NH4: <0.04 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	146.48	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		02/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Temp In: 14.9Temp Out: 14.5Receiving Waters pH: 7.8Receiving Waters temp: 4.2Receiving Waters NH4: <0.04 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.9	14	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	7.8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	41	41	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	67	67	lb/d	******	40	40	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	23600	23600	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	41	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.96	.96	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		02/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Temp In: 14.9Temp Out: 14.5Receiving Waters pH: 7.8Receiving Waters temp: 4.2Receiving Waters NH4: <0.04 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.55	2.55	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.24	4.24	lb/d	******	2.53	2.53	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.31	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 14.5Receiving Waters pH: 7.8Receiving Waters temp: 4.2Receiving Waters NH4: <0.04 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	858	858	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	35.9 ** **	35.9 ** **	lb/d	******	.045 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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

Temp In: 14.9Temp Out: 14.5Receiving Waters pH: 7.8Receiving Waters temp: 4.2Receiving Waters NH4: <0.04 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.059	.059	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	31.53	31.53	lb/d	******	.04	.04	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.7Temp Out: 14.1

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	145.96	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.7Temp Out: 14.1

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.6	13.6	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	26	26	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	41.85	41.85	lb/d	******	25	25	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5700	5700	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	25	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.955	.955	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.57	1.57	lb/d	******	.936	.936	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.31	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		03/19/2019
TYPED OR PRINTED		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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	41.85	41.85	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	33.1 ** **	33.1 ** **	lb/d	******	.042 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		03/19/2019
TYPED OR PRINTED		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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.06	.06	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	32.45	32.45	lb/d	******	.042	.042	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.018	.018	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.0Temp Out: 15.0

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	143.1	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		04/17/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.0Temp Out: 15.0

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	34	34	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	55.2	55.2	lb/d	******	33	33	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	33	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.46	1.46	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.41	2.41	lb/d	******	1.442	1.442	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.018	.018	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.31	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	55.2	55.2	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	34.9 ** **	34.9 ** **	lb/d	******	.045 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.063	.063	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	35.3	35.3	lb/d	******	.048	.048	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.015	.015	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Raceway temp in: 15.5Raceway temp out: 15.3Receiving waters temp: 11.7Receiving waters pH: 8.0Receiving waters NH4: <0.04 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	136.2	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		05/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Raceway temp in: 15.5Raceway temp out: 15.3Receiving waters temp: 11.7Receiving waters pH: 8.0Receiving waters NH4: <0.04 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.6	14.7	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	16	16	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	25.1	25.1	lb/d	******	15	15	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	16	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.1	.1	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Receiving waters temp: 11.7Receiving waters pH: 8.0Receiving waters NH4: <0.04 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.614	.614	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1	1	lb/d	******	.599	.599	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.015	.015	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.31	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		05/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Receiving waters temp: 11.7Receiving waters pH: 8.0Receiving waters NH4: <0.04 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338

ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	25.1	25.1	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	36.3 ** **	36.3 ** **	lb/d	******	.049 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.063	.063	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	33.8	33.8	lb/d	******	.047	.047	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.016	.016	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.4Temp Out: 15.3

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338

ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	133.3	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.4Temp Out: 15.3

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	58	70	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	95.4	115.5	lb/d	******	57	69	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	58	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.6	3.6	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6	6	lb/d	******	3.584	3.584	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.016	.016	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.31	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	95.4	115.5	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	39.8 ** **	39.8 ** **	lb/d	******	.055 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		06/12/2019
TYPED OR PRINTED		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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.051	.051	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	25.42	25.42	lb/d	******	.035	.035	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.016	.016	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 16.5Temp Out: 16.7

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338

ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	134.5	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 16.5Temp Out: 16.7

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22	22	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	35.2	35.2	lb/d	******	21	21	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	21	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.38	1.38	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.28	2.28	lb/d	******	1.364	1.364	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.016	.016	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.31	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338

ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	35.2	35.2	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	27.7 ** **	27.7 ** **	lb/d	******	.038 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.046	.046	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	23.5	23.5	lb/d	******	.033	.033	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.013	.013	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 17.3Temp Out: 17.8

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338

ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	132	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 17.3Temp Out: 17.8

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.4	18.4	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	7.9	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	13	13	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	20.1	20.1	lb/d	******	13	13	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	8330	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.31	.31	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Receiving waters:Ammonia = <0.04 mg/LTemperature = 20.0 CpH: 8.3 s.u.No known problems with sample collection or analysis. Conditions typical for the time of year.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.45	3.45	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.8	5.8	lb/d	******	3.437	3.437	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.013	.013	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.31	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

Receiving waters:Ammonia = <0.04 mg/LTemperature = 20.0 CpH: 8.3 s.u.No known problems with sample collection or analysis. Conditions typical for the time of year.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	20.1	20.1	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	29.3 ** **	29.3 ** **	lb/d	******	.041 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.048	.048	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	26.2	26.2	lb/d	******	.035	.035	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.013	.013	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
TEMP IN: 17.4TEMP OUT: 18.0

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	138.8	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		09/16/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
TEMP IN: 17.4TEMP OUT: 18.0

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	57	90	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	29.5	110.5	lb/d	******	56	89	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4160	4160	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	89	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.05	3.05	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.77	3.77	lb/d	******	3.037	3.037	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.013	.013	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.23	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	69.6	110.5	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	30 ** **	30 ** **	lb/d	******	.04 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.053	.053	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	26.65	26.65	lb/d	******	.035	.035	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.018	.018	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.0/08/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 17.1Temp Out: 17.1

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	141	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 17.1Temp Out: 17.1

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	17	17	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	14.38	14.38	lb/d	******	16	16	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	16	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.456	.456	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.39	.39	lb/d	******	.438	.438	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.018	.018	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.166	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	14.38	14.38	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	27.04 ** **	27.04 ** **	lb/d	******	.035 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.056	.056	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	32.2	32.2	lb/d	******	.04	.04	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.016	.016	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 16.4Temp Out: 16.2

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	149	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
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FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	23	23	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	16.5	16.5	lb/d	******	22	22	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	22	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.316	.316	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.22	.22	lb/d	******	.3	.3	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.016	.016	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.139	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.1/15/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338

ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	16.5	16.5	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	32.4 ** **	32.4 ** **	lb/d	******	.04 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.1/15/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.108	.108	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	57.9	57.9	lb/d	******	.072	.072	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.036	.036	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.6Temp Out: 15.5

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	149	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.2/13/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.6Temp Out: 15.5

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.4	14.5	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	25	25	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	14.4	14.4	lb/d	******	24	24	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	25	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.97	.97	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Receiving waters:Temp 8.6C, pH 8.4, NH4: <0.04 mg/LReceiving waters appear to be typical for the time of year. No known issues with sample collection.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.946	.946	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.55	.55	lb/d	******	.91	.91	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.036	.036	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.111	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Receiving waters:Temp 8.6C, pH 8.4, NH4: <0.04 mg/LReceiving waters appear to be typical for the time of year. No known issues with sample collection.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338

ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	14.4	14.4	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	58.5 ** **	58.5 ** **	lb/d	******	.073 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.059	.059	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	36.3	36.3	lb/d	******	.046	.046	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.013	.013	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In 15.3Temp Out 15.2

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	146	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In 15.3Temp Out 15.2

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	8	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	3.9	3.9	lb/d	******	7	7	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		01/18/2020
TYPED OR PRINTED		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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.305	.305	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.16	.16	lb/d	******	.292	.292	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.013	.013	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.104	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		01/18/2020
TYPED OR PRINTED		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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	3.9	3.9	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	36.4 ** **	36.4 ** **	lb/d	******	.046 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		01/18/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

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

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130008	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVACUA FARMS LLC - BLUE LAKES TROUT FARM
LOCATION: 133 WARM CREEK ROAD
JEROME, ID 83338
ATTN: GARY MARQUART, GEN MANAGER

IDG130008	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
MAJOR
(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				******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	4223 MO AVG	8023.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	** **	** **		******	** **	******				
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	69.2 MO AVG	102.4 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.047	.047	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	15.68	15.68	lb/d	******	.035	.035	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.012	.012	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/16/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.0Temp Out: 15.4River Temp: 16.7River Ammonia: 0.06 mg/LRiver pH: 7.8

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	82.94	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.0Temp Out: 15.4River Temp: 16.7River Ammonia: 0.06 mg/LRiver pH: 7.8

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15.5	15.5	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.5	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22	22	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	5.99	5.99	lb/d	******	22	22	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	22	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.77	2.77	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
River Temp: 16.7River pH: 7.8River Ammonia: 0.06 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.75	.75	lb/d	******	2.77	2.77	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
River Temp: 16.7River pH: 7.8River Ammonia: 0.06 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(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	5.99	5.99	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	16.43	16.43	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.071	.071	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	25.86	25.86	lb/d	******	.057	.057	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.014	.014	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 15.2

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	84.01	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 15.2

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16.1	16.1	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	48	48	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	14.61	14.61	lb/d	******	47	47	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	47	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.69	1.69	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.52	.52	lb/d	******	1.676	1.676	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.06	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(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	14.61	14.61	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	26.38	26.38	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		09/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.061	.061	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	22.02	22.02	lb/d	******	.048	.048	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.013	.013	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.2Temp Out: 15.0

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	84.94	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.2Temp Out: 15.0

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15	15.1	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.7	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	19	19	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	8.39	8.39	lb/d	******	18	18	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	4670	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.35	1.35	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.49	1.49	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.69	.69	lb/d	******	1.477	1.477	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.09	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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HAGERMAN, ID 83332
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

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

DMR Mailing ZIP CODE: 83328
MAJOR
(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	8.86	8.86	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	22.71	22.71	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.0/16/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
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ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.048	.048	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	16.63	16.63	lb/d	******	.035	.035	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.013	.013	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.1/15/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Temp In: 15Temp Out: 15.2Receiving Waters Ammonia: 0.08 mg/LReceiving Waters pH: 8.9Receiving Waters temp: 15.2

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	87.98	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.1/15/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15Temp Out: 15.2Receiving Waters Ammonia: 0.08 mg/LReceiving Waters pH: 8.9Receiving Waters temp: 15.2

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15.3	15.3	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.7	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	24	24	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	10.72	10.72	lb/d	******	23	23	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.22	2.22	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.1/15/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Receiving Waters Temp: 15.2Receiving Water pH: 8.9Receiving Waters Ammonia: 0.08 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

IDG130009	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.03	1.03	lb/d	******	2.207	2.207	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.09	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Receiving Waters Temp: 15.2Receiving Water pH: 8.9Receiving Waters Ammonia: 0.08 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
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FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	10.72	10.72	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17.66	17.66	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.054	.054	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	18.24	18.24	lb/d	******	.037	.037	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.017	.017	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.0CTemp Out: 14.3C

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	91.29	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.0CTemp Out: 14.3C

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	8	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1.91	1.91	lb/d	******	7	7	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.754	.754	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

IDG130009	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.2	.2	lb/d	******	.737	.737	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	1.91	1.91	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	18.44	18.44	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
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FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.065	.065	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	25.17	25.17	lb/d	******	.051	.051	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.014	.014	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		01/17/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 14.5

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	91.39	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 14.5

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.4	14.4	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.6	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	12	12	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	3	3	lb/d	******	11	11	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	11	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.78	.78	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.689	.689	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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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: EVACUA FARMS LLC
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HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

IDG130009	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.18	.18	lb/d	******	.675	.675	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	3.27	3.27	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	25.35	25.35	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.04	.04	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	19.34	19.34	lb/d	******	.027	.027	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.013	.013	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Temp In: 14.9Temp Out: 14.2Receiving waters pH: 8.0Receiving Waters temp: 8.7Receiving waters NH4: <0.04mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	89.55	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 14.2Receiving waters pH: 8.0Receiving Waters temp: 8.7Receiving waters NH4: <0.04mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
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FACILITY: MAGIC SPRINGS HATCHERY
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ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.8	7.8	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	13	13	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	3.3	3.3	lb/d	******	12	12	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	13	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.37	.37	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.604	.604	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Receiving Waters temp: 8.7Receiving waters pH: 8.0Receiving waters NH4: <0.04mg/L

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.16	.16	lb/d	******	.591	.591	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.86	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Receiving Waters temp: 8.7Receiving waters pH: 8.0Receiving waters NH4: <0.04mg/L

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	3.5	3.5	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	13.2	13.2	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		02/15/2019
TYPED OR PRINTED		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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.058	.058	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	20.47	20.47	lb/d	******	.043	.043	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.015	.015	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.2Temp Out: 14.1

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	88.15	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		03/19/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.2Temp Out: 14.1

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	51	51	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	13.62	13.62	lb/d	******	50	50	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	51	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.62	2.62	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

IDG130009	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.71	.71	lb/d	******	2.605	2.605	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.033	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.53	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	13.89	13.89	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	21.18	21.18	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		03/19/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.05	.05	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17	17	lb/d	******	.036	.036	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.014	.014	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		04/17/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.7Temp Out: 13.5

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	87.24	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		04/17/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.7Temp Out: 13.5

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	45	45	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	12	12	lb/d	******	44	44	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.75	1.75	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		04/17/2019
TYPED OR PRINTED		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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

IDG130009	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.47	.47	lb/d	******	1.736	1.736	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		04/17/2019
TYPED OR PRINTED		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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	12	12	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17.4	17.4	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.064	.064	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	24	24	lb/d	******	.051	.051	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.013	.013	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out:14.2

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	87.13	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out:14.2

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.6	7.7	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.7	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	21	21	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	5.45	5.45	lb/d	******	20	20	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	20	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.63	1.63	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.16	1.16	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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

Receiving waters temp: 11.8Receiving waters pH: 8.0Receiving waters NH4: <0.04 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.31	.31	lb/d	******	1.147	1.147	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Receiving waters temp: 11.8Receiving waters pH: 8.0Receiving waters NH4: <0.04 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	5.45	5.45	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	24.3	24.3	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		05/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.068	.068	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	25.7	25.7	lb/d	******	.054	.054	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.014	.014	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 14.3

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	87.96	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		06/12/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 14.3

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	8	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1.91	1.91	lb/d	******	7	7	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	8	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.538	.538	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)
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FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.14	.14	lb/d	******	.524	.524	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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HAGERMAN, ID 83332
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	1.9	1.9	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	25.8	25.8	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.05	.05	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17.2	17.2	lb/d	******	.035	.035	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.015	.015	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.0Temp Out: 15.3

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

Form Approved
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LOCATION: 3069 MAGIC SPRINGS ROAD
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ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	91.03	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	33	33	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	8.72	8.72	lb/d	******	32	32	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	32	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.35	1.35	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

IDG130009	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.36	.36	lb/d	******	1.335	1.335	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.87	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	8.7	8.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	17.6	17.6	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.099	.099	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	43	43	lb/d	******	.087	.087	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.012	.012	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.5Temp Out: 15.8

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	91.6	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.5Temp Out: 15.8

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15.8	15.8	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.6	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	6	6	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1.4	1.4	lb/d	******	5	5	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	4.2	4.2	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.57	1.57	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Receiving waters:Ammonia = 0.06 mg/LTemperature = 18.5 CpH: 8.0 s.u.No known problems with the sample collection or analysis. Conditions typical for the time of the year.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.42	.42	lb/d	******	1.558	1.558	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

Receiving waters:Ammonia = 0.06 mg/LTemperature = 18.5 CpH: 8.0 s.u.No known problems with the sample collection or analysis. Conditions typical for the time of the year.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	1.4	1.4	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	43.4	43.4	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)
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HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	507.7	507.7	lb/d	******	1	1	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.067	.067	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	28.9	28.9	lb/d	******	.057	.057	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.01	.01	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
TEMP IN: 15.4TEMP OUT: 15.6

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	94	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
TEMP IN: 15.4TEMP OUT: 15.6

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
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ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	23	23	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	6	6	lb/d	******	22	22	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.29	1.29	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.35	.35	lb/d	******	1.28	1.28	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		09/16/2019
TYPED OR PRINTED		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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	513.7	513.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	29.3	29.3	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	517.2	517.2	lb/d	******	1	1	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.072	.072	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	29.5	29.5	lb/d	******	.057	.057	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.015	.015	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.0Temp Out: 15.3

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	95.77	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.0Temp Out: 15.3

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	15	15	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	2.2	2.2	lb/d	******	14	14	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	14	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.715	.715	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

IDG130009	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.11	.11	lb/d	******	.7	.7	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.03	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	519.3	519.3	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	29.6	29.6	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
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FILER, ID 83328
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LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	528.1	528.1	lb/d	******	1	1	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.064	.064	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	26.9	26.9	lb/d	******	.051	.051	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.013	.013	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.2Temp Out: 14.6

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	97.8	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.1/15/2019
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.2Temp Out: 14.6

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	14	14	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	2.5	2.5	lb/d	******	13	13	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.1/15/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

IDG130009	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.19	.19	lb/d	******	.987	.987	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.04	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	530.7	530.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	27.1	27.1	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3	3	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1120	1120	lb/d	******	2	2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.073	.073	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	29.7	29.7	lb/d	******	.053	.053	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 14.2

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	103.7	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 14.2

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.3	14.5	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.7	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	20	20	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	4.43	4.43	lb/d	******	19	19	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	20	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	3.2	3.2	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.15	2.15	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Receiving waters: Temp 10.2C, pH 8.2, NH4 0.09 mg/LReceiving waters appear normal for the time of year. No known issues with collection.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.5	.5	lb/d	******	2.13	2.13	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.043	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Receiving waters: Temp 10.2C, pH 8.2, NH4 0.09 mg/LReceiving waters appear normal for the time of year. No known issues with collection.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	1124.4	1124.4	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	30.2	30.2	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3	3	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1152.4	1152.4	lb/d	******	2	2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.06	.06	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	26.5	26.5	lb/d	******	.046	.046	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.014	.014	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		01/18/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.7Temp Out: 12.9

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	106.7	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.7Temp Out: 12.9

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	28	28	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	6.3	6.3	lb/d	******	27	27	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.85	1.85	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.43	.43	lb/d	******	1.836	1.836	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.043	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	1158.7	1158.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	26.9	26.9	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

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

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ATTN: TOM VAN TASSEL, HATCHERY MGR

IDG130009	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

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

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TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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TYPED OR PRINTED					

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVACUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: MAGIC SPRINGS HATCHERY
LOCATION: 3069 MAGIC SPRINGS ROAD
HAGERMAN, ID 83332
ATTN: TOM VAN TASSEL, HATCHERY MGR

IDG130009	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130009	SUM-A

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MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
MAJOR
(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				******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	3053.7 MO AVG	5802 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	50.1 MO AVG	74.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	937	937	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.099	.099	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	67.4	67.4	lb/d	******	.072	.072	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	173.5	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	35	35	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	17.2	17.2	lb/d	******	34	34	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	1020	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.922	1.922	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.95	.95	lb/d	******	1.895	1.895	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.093	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	SUM-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(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	954.1	954.1	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	68.4 ** **	68.4 ** **	lb/d	******	.073 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRING FOOD INC.
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FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	942	942	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.09	.092	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	59.8	61.2	lb/d	******	.063	.065	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	174.48	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
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ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	18.3	20	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.5	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	32	33	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	11.5	11.7	lb/d	******	31	32	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	1866	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.79	2.79	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.181	2.255	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		09/20/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.79	.82	lb/d	******	2.155	2.229	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.068	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
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BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	SUM-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(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	953.7	953.9	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	60.6 ** **	62 ** **	lb/d	******	.064 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	975	975	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.102	.117	mg/L		11 per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	70.3	87.2	lb/d	******	.072	.088	mg/L		11 per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.031	.034	mg/L		11 per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	183.57	cfs	******	******	******	******		11 per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	24	24	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	15	15	lb/d	******	23	23	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3600	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.574	3.241	mg/L		11 per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.55	1.44	lb/d	******	1.543	3.212	mg/L		11 per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.124	cfs	******	******	******	******		11 per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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IDG130011	SUM-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(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	989.7	989.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	70.8 ** **	88.5 ** **	lb/d	******	.072 ** **	******	mg/L		11 per Month	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	964	964	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.091	.091	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	65.5	65.5	lb/d	******	.068	.068	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.023	.023	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	178.46	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		.1/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	25	25	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	11	11	lb/d	******	24	24	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3800	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.603	1.603	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.74	.74	lb/d	******	1.58	1.58	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.087	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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IDG130011	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	974.7	974.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	66.3 ** **	66.3 ** **	lb/d	******	.069 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	990	990	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.1	.113	mg/L		Three per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	68.9	82.2	lb/d	******	.07	.083	mg/L		Three per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.03	.033	mg/L		Three per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	183.41	cfs	******	******	******	******		Three per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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IDG130011	OSB-A
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MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	12.9	13	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	8.1	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	16	18	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	7.2	7.7	lb/d	******	15	17	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2567	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.34	1.34	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.716	.974	mg/L		Three per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.26	.38	lb/d	******	.687	.948	mg/L		Three per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.087	cfs	******	******	******	******		Three per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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IDG130011	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	997.6	998.2	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	69.1 ** **	82.4 ** **	lb/d	******	.071 ** **	******	mg/L		Three per Month	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		.2/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	969	969	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.09	.09	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	61	61	lb/d	******	.063	.063	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	179.4	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22	22	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	5.9	5.9	lb/d	******	21	21	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	7200	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.678	.678	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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LOCATION: 1581 CLEAR LAKE ROAD
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ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.18	.18	lb/d	******	.651	.651	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.053	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	974.6	974.6	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	61.2 ** **	61.2 ** **	lb/d	******	.063 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	964	964	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.087	.087	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	57.8	57.8	lb/d	******	.06	.06	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	178.5	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	28	28	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	9	9	lb/d	******	27	27	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2600	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.047	1.047	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.34	.34	lb/d	******	1.02	1.02	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.062	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	972.9	972.9	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	58.2 ** **	58.2 ** **	lb/d	******	.06 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	938	938	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.08	.081	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	51.6	52.5	lb/d	******	.055	.056	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.025	.025	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	173.63	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.6	14.6	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.7	******	8.9	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	21	21	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	6.8	6.8	lb/d	******	20	20	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	29400	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.65	.65	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.061	1.064	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

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MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.35	.35	lb/d	******	1.037	1.04	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.062	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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IDG130011	SUM-A

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02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	944.3	944.3	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	51.9 ** **	52.8 ** **	lb/d	******	.055 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	942	942	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.087	.087	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	56.5	56.5	lb/d	******	.06	.06	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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IDG130011	001-A

MONITORING PERIOD	
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RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	174.52	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		04/18/2019
TYPED OR PRINTED		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: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	9	9	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	3.2	3.2	lb/d	******	8	8	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	1733	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.524	.524	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.2	.2	lb/d	******	.497	.497	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.074	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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OMB No. 2040-0004

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BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	945.6	945.6	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	56.7 ** **	56.7 ** **	lb/d	******	.06 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.3	2.3	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1191	1191	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.095	.095	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	59.6	59.6	lb/d	******	.065	.065	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	169.71	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	58	58	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	13.4	13.4	lb/d	******	57	57	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	15000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.776	2.776	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.64	.64	lb/d	******	2.746	2.746	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.043	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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IDG130011	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1204.5	1204.5	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	60.2 ** **	60.2 ** **	lb/d	******	.066 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	918	918	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.084	.084	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	51.4	55.1	lb/d	******	.056	.06	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.028	.032	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		06/19/2019
TYPED OR PRINTED		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

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ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	170.03	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRING FOOD INC.
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BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16	16.1	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.6	******	8.8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	31	31	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	16.3	16.5	lb/d	******	30	30	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3800	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.79	.79	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.487	1.495	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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OMB No. 2040-0004

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BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.8	.81	lb/d	******	1.459	1.463	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.102	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	934.4	934.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	52.2 ** **	55.9 ** **	lb/d	******	.057 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	938.3	938.3	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.057	.057	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	30	30	lb/d	******	.032	.032	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.025	.025	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	173.77	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	42	42	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	18.3	18.3	lb/d	******	41	41	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	44600	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.094	1.094	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.48	.48	lb/d	******	1.069	1.069	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.084	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		07/18/2019
TYPED OR PRINTED		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: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	956.6	956.6	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	30.5 ** **	30.5 ** **	lb/d	******	.032 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	945	945	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.069	.069	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	39.7	39.7	lb/d	******	.042	.042	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX 712
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BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	175.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	60	60	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	33.2	33.2	lb/d	******	59	59	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	1550	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.038	2.038	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.14	1.14	lb/d	******	2.011	2.011	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.105	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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IDG130011	SUM-A

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MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	978.5	978.5	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	40.8 ** **	40.8 ** **	lb/d	******	.043 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	944	944	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.065	.066	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	34.9	35.8	lb/d	******	.037	.038	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.028	.028	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	174.74	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		09/17/2019
TYPED OR PRINTED		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: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	20.7	20.8	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.2	******	8.3	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	17	17	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	9	9.1	lb/d	******	16	16	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	7050	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.47	.47	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.574	.599	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.31	.32	lb/d	******	.547	.571	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.104	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	952.6	952.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	35.2 ** **	36.2 ** **	lb/d	******	.037 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	960	960	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.059	.059	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	30.7	30.7	lb/d	******	.032	.032	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	177.74	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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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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IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	27	27	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	7.9	7.9	lb/d	******	26	26	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	36000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.209	1.209	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.36	.36	lb/d	******	1.182	1.182	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.056	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	967.8	967.8	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	31.1 ** **	31.1 ** **	lb/d	******	.032 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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IDG130011	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1008	1008	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.09	.09	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	56.4	56.4	lb/d	******	.056	.056	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.034	.034	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Julie Stadelman/ Director of Quality Assurance	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		.1/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	186.63	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	10	10	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	3.3	3.3	lb/d	******	9	9	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	2025	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.52	.52	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.17	.17	lb/d	******	.486	.486	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.52	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX 712
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LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1011.1	1011.1	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	56.6 ** **	56.6 ** **	lb/d	******	.056 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1012	1012	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.087	.087	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	55.6	57.6	lb/d	******	.055	.057	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.032	.034	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Jermunson	(208)751-3424		.2/18/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	187.33	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16	16.2	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.1	******	8.2	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	9	10	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	4.5	5.7	lb/d	******	8	9	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	1467	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.46	.46	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.57	.578	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.32	.33	lb/d	******	.538	.548	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.111	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Jermunson	(208)751-3424		.2/18/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1016.1	1017.2	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	55.9 ** **	58 ** **	lb/d	******	.055 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
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LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3	3	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	2023	2023	lb/d	******	2	2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.073	.073	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	45.5	45.5	lb/d	******	.045	.045	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.028	.028	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

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ADDRESS: P.O. BOX 712
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BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	187.38	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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OMB No. 2040-0004

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FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5	5	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1.1	1.1	lb/d	******	4	4	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3900	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.345	.345	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.1	.1	lb/d	******	.317	.317	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.056	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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IDG130011	SUM-A

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MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	2024.5	2024.5	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	45.6 ** **	45.6 ** **	lb/d	******	.045 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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IDG130011	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

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

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ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130011	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRING FOOD INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - CLEAR LAKE TROUT FARM
LOCATION: 1581 CLEAR LAKE ROAD
BUHL, ID 83316

ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130011	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(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				******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	4322.7 MO AVG	8213.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	** **	** **		******	** **	******				
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	70.9 MO AVG	104.9 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

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

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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355

ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 2 Effluent Net	PERMIT REQUIREMENT	853.7 MO AVG	1622 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 2 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	6.3 MO AVG	9.3 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Garlie	(208)536-2283		08/01/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	50	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Garlie	(208)536-2283		08/01/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130013	SUM-A

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

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 2 Effluent Net	PERMIT REQUIREMENT	853.7 MO AVG	1622 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 2 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	6.3 MO AVG	9.3 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Garlie	(208)536-2283		09/04/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	50	cfs	******	******	******	******		Monthly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Garlie	(208)536-2283		09/04/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	< 1	< 1	mg/L		Quarterly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 3 Effluent Net	PERMIT REQUIREMENT	2019.2 MO AVG	3836.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.056	.056	mg/L		Quarterly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.6 ** **	1.6 ** **	lb/d	******	.006 ** **	.006 ** **	mg/L		Quarterly	Calculated
00665 2 3 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	14.9 MO AVG	22 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.5	.5	mg/L		Quarterly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Garlie	(208)536-2283		09/29/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	50	cfs	******	******	******	******		Monthly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Garlie	(208)536-2283		09/29/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355

ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 3 Effluent Net	PERMIT REQUIREMENT	2019.2 MO AVG	3836.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 3 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	14.9 MO AVG	22 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Garlie	(208)536-2283		.1/06/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130013	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	60	cfs	******	******	******	******		Monthly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Garlie	(208)536-2283		.1/06/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130013	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 3 Effluent Net	PERMIT REQUIREMENT	2019.2 MO AVG	3836.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 3 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	14.9 MO AVG	22 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130013	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	70	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Garlie	(208)536-2283		.2/02/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 3 Effluent Net	PERMIT REQUIREMENT	2019.2 MO AVG	3836.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.051	.051	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.9 ** **	1.9 ** **	lb/d	******	.004 ** **	.004 ** **	mg/L		Quarterly	Calculated
00665 2 3 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	14.9 MO AVG	22 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.047	.047	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	90	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130013	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	1	1	mg/L		Quarterly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	2980.8 MO AVG	5663.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.057	.057	mg/L		Quarterly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.8 ** **	3.8 ** **	lb/d	******	.007 ** **	.007 ** **	mg/L		Quarterly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	22 MO AVG	32.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.05	.05	mg/L		Quarterly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	100	cfs	******	******	******	******		Monthly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Garlie	(208)536-2283		02/11/2019
TYPED OR PRINTED		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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130013	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 1 Effluent Net	PERMIT REQUIREMENT	2980.8 MO AVG	5663.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	22 MO AVG	32.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Garlie	(208)536-2283		02/11/2019
TYPED OR PRINTED		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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	110	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 1 Effluent Net	PERMIT REQUIREMENT	2980.8 MO AVG	5663.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	22 MO AVG	32.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	114	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Garlie	(208)536-2283		04/09/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 1 Effluent Net	PERMIT REQUIREMENT	2980.8 MO AVG	5663.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	22 MO AVG	32.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Garlie	(208)536-2283		05/01/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	100	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Garlie	(208)536-2283		05/01/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355

ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 2 Effluent Net	PERMIT REQUIREMENT	853.7 MO AVG	1622 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 2 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	6.3 MO AVG	9.3 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	50	cfs	******	******	******	******		Monthly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130013	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	1	1	mg/L		Quarterly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 2 Effluent Net	PERMIT REQUIREMENT	853.7 MO AVG	1622 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.048	.048	mg/L		Quarterly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.5 ** **	.5 ** **	lb/d	******	.006 ** **	.006 ** **	mg/L		Quarterly	Calculated
00665 2 2 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	6.3 MO AVG	9.3 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.042	.042	mg/L		Quarterly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Garlie	(208)536-2283		07/01/2019
TYPED OR PRINTED		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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130013	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	15	cfs	******	******	******	******		Monthly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Todd Garlie	(208)536-2283		07/01/2019
TYPED OR PRINTED		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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 2 Effluent Net	PERMIT REQUIREMENT	853.7 MO AVG	1622 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 2 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	6.3 MO AVG	9.3 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jacob Rook	(208)876-4330		)8/07/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	18	cfs	******	******	******	******		Monthly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jacob Rook	(208)876-4330		08/07/2019
TYPED OR PRINTED		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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130013	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 2 Effluent Net	PERMIT REQUIREMENT	853.7 MO AVG	1622 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 2 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	6.3 MO AVG	9.3 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jacob Rook	(208)876-4330		09/18/2019
TYPED OR PRINTED		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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	50	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jacob Rook	(208)876-4330		09/18/2019
TYPED OR PRINTED		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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	1	1	mg/L		Quarterly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 3 Effluent Net	PERMIT REQUIREMENT	2019.2 MO AVG	3836.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.047	.047	mg/L		Quarterly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-2.2 ** **	-2.2 ** **	lb/d	******	-.008 ** **	-.008 ** **	mg/L		Quarterly	Calculated
00665 2 3 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	14.9 MO AVG	22 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.039	.039	mg/L		Quarterly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jacob Rook	(208)876-4330		.0/17/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	50	cfs	******	******	******	******		Monthly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jacob Rook	(208)876-4330		.0/17/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130013	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 3 Effluent Net	PERMIT REQUIREMENT	2019.2 MO AVG	3836.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 3 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	14.9 MO AVG	22 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Supervisor	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Kevin Kincaid	(208)536-2283		.1/13/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130013	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	65	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Supervisor	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Kevin Kincaid	(208)536-2283		.1/13/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 3 Effluent Net	PERMIT REQUIREMENT	2019.2 MO AVG	3836.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 3 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	14.9 MO AVG	22 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jacob Rook	(208)876-4330		.2/17/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	78	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jacob Rook	(208)876-4330		.2/17/2019
TYPED OR PRINTED		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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130013	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	1	1	mg/L		Quarterly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 3 Effluent Net	PERMIT REQUIREMENT	2019.2 MO AVG	3836.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.046	.046	mg/L		Quarterly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.9 ** **	2.9 ** **	lb/d	******	.006 ** **	.006 ** **	mg/L		Quarterly	Calculated
00665 2 3 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	14.9 MO AVG	22 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.04	.04	mg/L		Quarterly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jacob Rook	(208)876-4330		01/18/2020
TYPED OR PRINTED		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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	89	cfs	******	******	******	******		Monthly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jacob Rook	(208)876-4330		01/18/2020
TYPED OR PRINTED		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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355

ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	1	1	mg/L		Quarterly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	2980.8 MO AVG	5663.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.06	.06	mg/L		Quarterly	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.9 ** **	5.9 ** **	lb/d	******	.011 ** **	.011 ** **	mg/L		Quarterly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	22 MO AVG	32.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.049	.049	mg/L		Quarterly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jacob Rook	(208)876-4330		02/11/2020
TYPED OR PRINTED		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: IDAHO FISH AND GAME
ADDRESS: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - NIAGARA SI
LOCATION: 2131 NIAGARA SPRINGS ROAD
WENDELL, ID 83355
ATTN: GENE MCPHERSON

IDG130013	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83355
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	100	cfs	******	******	******	******		Monthly	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Gary Byrne/ Hatchery Production Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jacob Rook	(208)876-4330		02/11/2020
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3.8	4	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	4700	5127	lb/d	******	2.7	3	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.102	.115	mg/L		Four per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	134.2	157.2	lb/d	******	.079	.092	mg/L		Four per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.023	.025	mg/L		Four per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	316.56	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	56	56	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	11.1	11.2	lb/d	******	55	55	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	32400	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.857	5.018	mg/L		Four per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.76	1.32	lb/d	******	3.834	4.993	mg/L		Four per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.023	.025	mg/L		Four per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.075	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	29	29	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	16.8	16.9	lb/d	******	28	28	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	33000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	9.366	12.494	mg/L		Four per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.88	8.71	lb/d	******	9.343	12.472	mg/L		Four per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.023	.025	mg/L		Four per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.129	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	3	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.1	.2	lb/d	******	< 2	2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	59500	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.231	.299	mg/L		Four per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
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LOCATION: 4863 EAST 1115 NORTH
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ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.02	.03	lb/d	******	.208	.276	mg/L		Four per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(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	4728.1	5155.4	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	140.8 ** **	161.7 ** **	lb/d	******	.082 ** **	******	mg/L		Four per Month	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.1	2.1	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1873	1873	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.09	.09	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	115.8	115.8	lb/d	******	.068	.068	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.022	.022	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	316.42	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15.7	15.8	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	53	76	mg/L		Twice per Month	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	10.8	17	lb/d	******	52	75	mg/L		Twice per Month	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	41300	mg/L		Twice per Month	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	10.8	10.8	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	9.195	9.195	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.07	2.07	lb/d	******	9.173	9.173	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.022	.022	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.042	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15.1	15.3	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	42	42	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	21.9	21.9	lb/d	******	41	41	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	17300	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.33	.33	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.369	2.369	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.27	1.27	lb/d	******	2.347	2.347	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.022	.022	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.1	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15.2	15.3	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.6	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5	5	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.4	.4	lb/d	******	4	4	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	28900	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.73	.73	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.395	.395	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		09/20/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.04	.04	lb/d	******	.373	.373	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1912.3	1912.3	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	119.2 ** **	119.2 ** **	lb/d	******	.07 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1705	1705	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.089	.089	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	110.8	110.8	lb/d	******	.065	.065	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.024	.024	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	317.12	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	46	46	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	9.1	9.1	lb/d	******	45	45	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	112400	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.265	2.265	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.45	.45	lb/d	******	2.241	2.241	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.024	.024	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.038	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	63	73	mg/L		Twice per Month	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	44	49.3	lb/d	******	63	72	mg/L		Twice per Month	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	35800	mg/L		Twice per Month	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	5.354	5.354	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.63	3.63	lb/d	******	5.33	5.33	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.024	.024	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.134	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.7	******	******	%		Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		.0/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.1	.1	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	110800	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.27	.27	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
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BUHL, ID 83316
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LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.02	.02	lb/d	******	.246	.246	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

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

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1763.1	1763.1	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	114.9 ** **	114.9 ** **	lb/d	******	.067 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.2	2.2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1977	2063	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.083	.084	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	109.2	111.8	lb/d	******	.063	.065	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	318.43	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	12	12	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	2.5	2.5	lb/d	******	11	11	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	18500	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
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BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
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BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.345	.36	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.07	.08	lb/d	******	.326	.341	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.042	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	39	43	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	20	21.9	lb/d	******	38	42	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	28000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		.1/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.023	2.061	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.06	1.08	lb/d	******	2.004	2.042	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.098	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.1	.1	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	68600	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.269	.273	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.03	.03	lb/d	******	.25	.254	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1999.2	2087.1	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	110.3 ** **	112.9 ** **	lb/d	******	.064 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1713	1713	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.091	.091	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	121.6	121.6	lb/d	******	.071	.071	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	317.15	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9.5	10	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	12	12	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	2.1	2.1	lb/d	******	11	11	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	27700	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.49	.49	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
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BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.805	.805	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.16	.16	lb/d	******	.785	.785	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.038	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		.2/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	10.8	11	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.4	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	62	62	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	40.6	40.6	lb/d	******	61	61	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	26900	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	6.2	6.2	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

SEE INSTRUCTION SHEET ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	11.218	11.218	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.41	7.41	lb/d	******	11.198	11.198	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.123	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9.3	10	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3	3	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.2	.2	lb/d	******	2	2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	7600	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.97	.97	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.912	.0912	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.09	.09	lb/d	******	.892	.892	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1755.5	1755.5	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	129.2 ** **	129.2 ** **	lb/d	******	.075 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		.2/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.1	2.1	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1857	1857	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.095	.095	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	126.6	126.6	lb/d	******	.075	.075	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		01/18/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	312.71	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		01/18/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	9	9	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1.8	1.8	lb/d	******	8	8	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	16400	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		01/18/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.511	.511	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.11	.11	lb/d	******	.491	.491	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.042	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	45	45	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	16.2	16.2	lb/d	******	44	44	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	25600	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

SEE INSTRUCTION SHEET ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	4.345	4.345	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.59	1.59	lb/d	******	4.325	4.325	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.068	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.1	.1	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	36500	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.262	.262	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.02	.02	lb/d	******	.242	.242	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1875	1875	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	128.4 ** **	128.4 ** **	lb/d	******	.076 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.8	3	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	3002	3432	lb/d	******	< 2	2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.097	.112	mg/L		Twice per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	132.4	157.9	lb/d	******	.077	.092	mg/L		Twice per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.021	mg/L		Twice per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		02/19/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	317.82	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	11	11	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	2.3	2.3	lb/d	******	10	10	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	33200	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.758	.834	mg/L		Twice per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.17	.18	lb/d	******	.738	.815	mg/L		Twice per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.021	mg/L		Twice per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.042	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		02/19/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	54	72	mg/L		Twice per Month	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	31.6	44.6	lb/d	******	53	71	mg/L		Twice per Month	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	15200	mg/L		Twice per Month	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.788	9.474	mg/L		Twice per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.07	5.94	lb/d	******	6.768	9.454	mg/L		Twice per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.021	mg/L		Twice per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.116	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.5	******	******	%		Twice per Month	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5	6	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.4	.5	lb/d	******	4	5	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	21800	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.306	.371	mg/L		Twice per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.03	.04	lb/d	******	.286	.352	mg/L		Twice per Month	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	3048.5	3476.4	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	136.7 ** **	164 ** **	lb/d	******	.08 ** **	******	mg/L		Twice per Month	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		02/19/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.2	2.2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	2060	2060	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.08	.08	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	104.7	104.7	lb/d	******	.061	.061	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	317.98	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9	9	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.1	******	8.2	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	12	12	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1.2	1.2	lb/d	******	11	11	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	5500	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.43	.43	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.753	.753	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.08	.08	lb/d	******	.734	.734	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.021	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	8.1	8.5	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	7.9	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22	22	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	10.8	10.8	lb/d	******	21	21	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	87000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.55	1.55	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: P.O. BOX 712
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LOCATION: 4863 EAST 1115 NORTH
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ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	5.203	5.203	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.67	2.67	lb/d	******	5.184	5.184	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.095	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	7.6	8	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.3	******	8.4	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.1	.1	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	20600	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.61	.61	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.223	.223	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		03/19/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.02	.02	lb/d	******	.204	.204	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	2071.8	2071.8	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	107.5 ** **	107.5 ** **	lb/d	******	.063 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1720	1720	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.083	.083	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	106.6	106.6	lb/d	******	.062	.062	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.021	.021	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	318.51	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22	22	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	4.7	4.7	lb/d	******	21	21	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	63800	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.363	3.363	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.75	.75	lb/d	******	3.342	3.342	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.021	.021	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.042	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	35	35	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	21.7	21.7	lb/d	******	34	34	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	56200	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.271	6.271	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.95	3.95	lb/d	******	6250	6250	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.021	.021	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.117	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		04/18/2019
TYPED OR PRINTED		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 ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	14	14	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1.3	1.3	lb/d	******	13	13	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	8000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.835	.835	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.08	.08	lb/d	******	.814	.814	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1747.7	1747.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	111.4 ** **	111.4 ** **	lb/d	******	.065 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1735	1735	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.072	.073	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	90.2	91.9	lb/d	******	.052	.053	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	321.28	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22	22	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	3.8	3.8	lb/d	******	21	21	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	9200	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.567	2.577	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.46	.46	lb/d	******	2.547	2.557	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.033	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	29	31	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	14.8	15.8	lb/d	******	28	30	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	27400	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		05/17/2019
TYPED OR PRINTED		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 ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	6.74	6.743	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.5	3.51	lb/d	******	6.72	6.723	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.097	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		05/17/2019
TYPED OR PRINTED		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 ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5	5	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.4	.4	lb/d	******	4	4	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	17400	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.359	.363	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.03	.03	lb/d	******	.339	.343	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1753.9	1754.9	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	94.2 ** **	95.9 ** **	lb/d	******	.054 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.3	2.3	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	2226	2226	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.057	.057	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	63.3	63.3	lb/d	******	.037	.037	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	317.14	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.8	13	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.4	******	8.5	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	9	9	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1.8	1.8	lb/d	******	8	8	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	16000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.6	.6	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.142	1.142	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.25	.25	lb/d	******	1.122	1.122	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.042	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		06/19/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.8	13	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.1	******	8.5	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	31	31	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	12.5	12.5	lb/d	******	30	30	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	14000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	3.21	3.21	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.579	2.579	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.08	1.08	lb/d	******	2.559	2.559	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.078	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.5	13	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	8.2	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5	5	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.4	.4	lb/d	******	4	4	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	19200	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.46	.46	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.443	.443	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.04	.04	lb/d	******	.423	.423	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	2241.6	2241.6	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	64.8 ** **	64.8 ** **	lb/d	******	.038 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1698	1698	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.054	.054	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	59.4	59.4	lb/d	******	.035	.035	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	314.48	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	8	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1.5	1.5	lb/d	******	7	7	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	10750	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		07/18/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.467	.467	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.1	.1	lb/d	******	.448	.448	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.042	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		07/18/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	48	48	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	19.3	19.3	lb/d	******	47	47	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	4850	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	4.487	4.487	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.82	1.82	lb/d	******	4.468	4.468	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.076	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		07/18/2019
TYPED OR PRINTED		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 ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.1	.1	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	20000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.228	.228	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.02	.02	lb/d	******	.209	.209	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1719.1	1719.1	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	61.4 ** **	61.4 ** **	lb/d	******	.036 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1708	1708	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.063	.064	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	70.9	73.5	lb/d	******	.041	.043	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.022	.022	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/19/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	316.38	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	25	25	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	5.4	5.5	lb/d	******	24	24	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	9800	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.56	1.612	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.35	.36	lb/d	******	1.538	1.591	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.022	.022	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.042	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/19/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	60	64	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	16.1	17.2	lb/d	******	59	63	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	53000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.894	3.93	mg/L			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.06	1.07	lb/d	******	3.872	3.908	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.022	.022	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.051	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	9	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.7	.8	lb/d	******	7	8	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	10500	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.935	1.195	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.09	.12	lb/d	******	.914	1.173	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1730.6	1731.6	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	72.4 ** **	74.9 ** **	lb/d	******	.042 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/19/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1703	1703	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.062	.062	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	64.7	64.7	lb/d	******	.038	.038	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.024	.024	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	315.31	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	35	35	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	6.9	6.9	lb/d	******	34	34	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	6200	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.303	1.303	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.26	.26	lb/d	******	1.279	1.279	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.024	.024	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.038	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	58	58	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	25.5	25.5	lb/d	******	57	57	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	17700	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.212	3.212	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.43	1.43	lb/d	******	3.188	3.188	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.024	.024	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.083	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4	4	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.3	.3	lb/d	******	3	3	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	74200	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.612	.612	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.06	.06	lb/d	******	.588	.588	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		09/17/2019
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1735.3	1735.3	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	66.4 ** **	66.4 ** **	lb/d	******	.039 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1679	1679	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.056	.056	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	62.1	62.1	lb/d	******	.037	.037	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	310.86	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15	15	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.1	******	8.3	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	28	28	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	5.6	5.6	lb/d	******	27	27	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	11100	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	.97	.97	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.792	1.792	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.36	.36	lb/d	******	1.773	1.773	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.038	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15	15	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.3	******	8.7	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	16	16	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	5.1	5.1	lb/d	******	15	15	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	22400	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.69	1.69	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: P.O. BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
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ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.641	1.641	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.57	.57	lb/d	******	1.622	1.622	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.066	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15	15	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.4	******	8.6	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	8	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.7	.7	lb/d	******	7	7	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	23400	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.43	2.43	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.657	.657	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Jermunson	(208)751-3424		.0/17/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.06	.06	lb/d	******	.638	.638	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1690	1690	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	63.1 ** **	63.1 ** **	lb/d	******	.038 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Jermunson	(208)751-3424		.0/17/201
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1657	1657	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.065	.065	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	67.1	71.2	lb/d	******	.04	.043	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.025	.025	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Julie Stadelman/ Director of Quality Assurance	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		.1/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	306.78	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	39	44	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	7.8	8.7	lb/d	******	38	43	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	19900	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.531	2.685	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.51	.54	lb/d	******	2.507	2.66	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.025	.025	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.038	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
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BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	18	22	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	8.3	10	lb/d	******	17	21	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	24800	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Julie Stadelman/ Director of Quality Assurance	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		.1/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.526	2.572	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.2	1.23	lb/d	******	2.501	2.547	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.025	.025	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.089	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Julie Stadelman/ Director of Quality Assurance	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		.1/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	8	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.7	.7	lb/d	******	7	7	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	11400	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.887	.902	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.09	.09	lb/d	******	.863	.877	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1673.5	1676	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	68.9 ** **	73 ** **	lb/d	******	.042 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Julie Stadelman/ Director of Quality Assurance	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		.1/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1646	1646	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.063	.063	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	62.5	62.5	lb/d	******	.038	.038	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.025	.025	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Jermunson	(208)751-3424		.2/18/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	304.85	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9.3	10	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.6	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	28	28	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	9.7	9.7	lb/d	******	27	27	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	30300	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.65	2.65	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	4.247	4.247	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.52	1.52	lb/d	******	4.222	4.222	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.025	.025	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.067	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Jermunson	(208)751-3424		.2/18/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9	9	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.3	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	24	24	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	15.4	15.4	lb/d	******	23	23	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3100	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	3.96	3.96	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	7.021	7.021	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.68	4.68	lb/d	******	6.996	6.996	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.025	.025	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.124	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Jermunson	(208)751-3424		.2/18/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	9	9	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	7.9	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5	5	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.4	.4	lb/d	******	4	4	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	17600	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	2.04	2.04	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.624	.624	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.06	.06	lb/d	******	.599	.599	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1671.7	1671.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	68.8 ** **	68.8 ** **	lb/d	******	.042 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
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FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1682	1682	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.055	.055	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	60.5	60.5	lb/d	******	.036	.036	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	311.43	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	12	12	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	2.2	2.2	lb/d	******	11	11	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	25000	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Jermunson	(208)751-3424		01/20/2020
TYPED OR PRINTED		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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.483	3.483	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.7	.7	lb/d	******	3.464	3.464	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.038	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	23	23	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	11.5	11.5	lb/d	******	22	22	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	55200	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3.745	3.745	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.92	1.92	lb/d	******	3.726	3.726	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.095	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	10	10	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	.9	.9	lb/d	******	9	9	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	104400	mg/L		Monthly	Composite
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.307	1.307	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.13	.13	lb/d	******	1.288	1.288	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.019	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	1696.3	1696.3	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	63.3 ** **	63.3 ** **	lb/d	******	.038 ** **	******	mg/L		Monthly	Calculated
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS2-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OS3-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316

ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
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: CLEAR SPRINGS FOODS INC
ADDRESS: P.O. BOX 712
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BOX CANYON TROUT FAR
LOCATION: 4863 EAST 1115 NORTH
BUHL, ID 83316
ATTN: JEFF JERMUNS, FACILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130014	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(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				******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	8060.8 MO AVG	15315.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	** **	** **		******	** **	******				
00665 T 0 *TRADE IN PLACE* See Comments	PERMIT REQUIREMENT	141 MO AVG	208.7 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.075	.075	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.53	5.53	lb/d	******	.062	.062	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.013	.013	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/16/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.7Temp Out: 14.8

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	16.52	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/16/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.7Temp Out: 14.8

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
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FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
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FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.53	5.53	lb/d	******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/16/2018
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.057	.057	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.14	1.14	lb/d	******	.013	.013	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.044	.044	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 15.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	16.19	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 15.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
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IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
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ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.14	1.14	lb/d	******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		09/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

PERMIT NUMBER	DISCHARGE NUMBER
IDG130015	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.05	.05	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.28	3.28	lb/d	******	.038	.038	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.012	.012	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.5Temp Out: 15.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	15.99	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.5Temp Out: 15.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.28	3.28	lb/d	******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.0/16/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.047	.047	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.59	3.59	lb/d	******	.031	.031	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.016	.016	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.0Temp Out 15.1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	21.42	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.1/15/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.0Temp Out 15.1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
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ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTIONS 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: EVAQUA FARMS LLC
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FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.59	3.59	lb/d	******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.1/15/201
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.065	.065	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.73	6.73	lb/d	******	.05	.05	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.015	.015	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.0CTemp Out: 14.6C

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	24.91	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.2/13/201
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.0CTemp Out: 14.6C

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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LOCATION: 2928 B SOUTH 1175 EAST
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IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.73	6.73	lb/d	******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.2/13/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.2/13/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.058	.058	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.41	5.41	lb/d	******	.044	.044	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.014	.014	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 14.7

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	22.78	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		01/17/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 14.7

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 14.7

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.41	5.41	lb/d	******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

PERMIT NUMBER	DISCHARGE NUMBER
IDG130015	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		01/17/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 14.7

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.073	.073	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	8.1	8.1	lb/d	******	.061	.061	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.012	.012	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		02/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 13.7

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	20.48	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		02/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 13.7

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
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FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.8	6.8	lb/d	******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
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FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.087	.087	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.49	6.49	lb/d	******	.062	.062	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.025	.025	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.2Temp Out: 13.0

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	19.39	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.2Temp Out: 13.0

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
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IDG130015	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.49	6.49	lb/d	******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

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Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		03/19/2019
TYPED OR PRINTED		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 INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		03/19/2019
TYPED OR PRINTED		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 INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.078	.078	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.9	5.9	lb/d	******	.065	.065	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.013	.013	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.7Temp Out: 13.5

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	16.81	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		04/17/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.7Temp Out: 13.5

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.9	5.9	lb/d	******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		04/17/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		04/17/2019
TYPED OR PRINTED		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 INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.078	.078	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.65	5.65	lb/d	******	.062	.062	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.016	.016	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		05/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.7Temp Out: 14.4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	16.87	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		05/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.7Temp Out: 14.4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		05/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 147Temp Out: 14.4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.65	5.65	lb/d	******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		05/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 147Temp Out: 14.4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		05/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 147Temp Out: 14.4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 0	< 0	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.052	.052	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.5	2.5	lb/d	******	.029	.029	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.023	.023	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		06/12/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 14.5

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	16.2	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		06/12/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 14.5

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.5	2.5	lb/d	******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		06/12/2019
TYPED OR PRINTED		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 INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.062	.062	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.24	5.24	lb/d	******	.05	.05	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.012	.012	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 15.1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	19.4	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		07/13/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 15.1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.24	5.24	lb/d	******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		07/13/2019
TYPED OR PRINTED		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 INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.053	.053	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.8	3.8	lb/d	******	.04	.04	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.013	.013	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.6Temp Out: 15.7

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	17.5	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.6Temp Out: 15.7

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/15/2019
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
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FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.8	3.8	lb/d	******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/15/2019
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.071	.071	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.6	4.6	lb/d	******	.054	.054	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.017	.017	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
TEMP IN: 15.6TEMP OUT: 15.7

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	15.85	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
TEMP IN: 15.6TEMP OUT: 15.7

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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IDG130015	SUM-A
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08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.6	4.6	lb/d	******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
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FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		09/16/2019
TYPED OR PRINTED		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 INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.06	.06	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.4	4.4	lb/d	******	.046	.046	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.014	.014	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.0Temp Out: 15.4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	17.7	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.4	4.4	lb/d	******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.065	.065	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.9	5.9	lb/d	******	.051	.051	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.014	.014	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 14.4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	21.3	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.1/15/2019
TYPED OR PRINTED		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 INSTRUCTIONS ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: EVAQUA FARMS LLC
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ATTN: JIM HENDERHAN

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DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.9	5.9	lb/d	******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: P.O. BOX AG
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FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
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ATTN: JIM HENDERHAN

IDG130015	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.099	.099	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.56	6.56	lb/d	******	.055	.055	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.044	.044	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.7Temp Out: 14.4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
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FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	22.08	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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MAJOR
(SUBR 05)
FACILITY TOTAL
Sum

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.56	6.56	lb/d	******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
FACILITY TOTAL
Sum

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.2/13/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.7Temp Out: 14.4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.072	.072	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6	6	lb/d	******	.059	.059	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.013	.013	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.6Temp Out: 14.0

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	18.79	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.6Temp Out: 14.0

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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	NODI 9	NODI 9		******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6	6	lb/d	******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		01/18/2020
TYPED OR PRINTED		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 INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(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				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	238 MO AVG	452.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	475.9 MO AVG	904.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Q 0 See Comments	PERMIT REQUIREMENT	713.9 MO AVG	1356.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 R 0 See Comments	PERMIT REQUIREMENT	951.9 MO AVG	1808.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 S 0 See Comments	PERMIT REQUIREMENT	1189.9 MO AVG	2260.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	1427.8 MO AVG	2712.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 U 0 See Comments	PERMIT REQUIREMENT	1665.8 MO AVG	3164.9 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(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				******	******	******	******			
00530 V 0 See Comments	PERMIT REQUIREMENT	1903.7 MO AVG	3617.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 W 0 See Comments	PERMIT REQUIREMENT	2141.7 MO AVG	4069.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2379.7 MO AVG	4521.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	3.4 MO AVG	5.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	6.8 MO AVG	10.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Q 0 See Comments	PERMIT REQUIREMENT	10.3 MO AVG	15.2 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 R 0 See Comments	PERMIT REQUIREMENT	13.7 MO AVG	20.3 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTIONS 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: EVAQUA FARMS LLC
LOCATION: 2928 B SOUTH 1175 EAST
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130015	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
MAJOR
(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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 S 0 See Comments	PERMIT REQUIREMENT	17.1 MO AVG	25.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	20.6 MO AVG	30.4 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 U 0 See Comments	PERMIT REQUIREMENT	24 MO AVG	35.5 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 V 0 See Comments	PERMIT REQUIREMENT	27.4 MO AVG	40.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 W 0 See Comments	PERMIT REQUIREMENT	30.8 MO AVG	45.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	34.3 MO AVG	50.7 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTIONS 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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

IDG130016	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 2 Effluent Net	PERMIT REQUIREMENT	962.2 MO AVG	1828.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.061	.061	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.324 ** **	.324 ** **	lb/d	******	.01 ** **	.01 ** **	mg/L		Quarterly	Calculated
00665 2 2 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	7.7 MO AVG	11.4 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.051	.051	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Chris Jeszke	(208)326-3230		08/07/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130016	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Chris Jeszke	(208)326-3230		08/07/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

IDG130016	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 2 Effluent Net	PERMIT REQUIREMENT	962.2 MO AVG	1828.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 2 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	7.7 MO AVG	11.4 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Chris Jeszke	(208)326-3230		09/11/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130016	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	36.1	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Chris Jeszke	(208)326-3230		09/11/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

IDG130016	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 3 Effluent Net	PERMIT REQUIREMENT	2024.7 MO AVG	3846.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 3 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	16.2 MO AVG	24 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Chris Jeszke	(208)326-3230		.0/11/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130016	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	68.6	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Chris Jeszke	(208)326-3230		.0/11/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

IDG130016	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 3 Effluent Net	PERMIT REQUIREMENT	2024.7 MO AVG	3846.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.06	.06	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-185.2 ** **	-185.2 ** **	lb/d	******	-.5 ** **	-.5 ** **	mg/L		Quarterly	Calculated
00665 2 3 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	16.2 MO AVG	24 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.56	.56	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130016	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	68.6	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

IDG130016	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 3 Effluent Net	PERMIT REQUIREMENT	2024.7 MO AVG	3846.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 3 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	16.2 MO AVG	24 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130016	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	68.6	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

IDG130016	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 3 Effluent Net	PERMIT REQUIREMENT	2024.7 MO AVG	3846.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 3 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	16.2 MO AVG	24 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
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LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130016	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	68.6	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

IDG130016	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	2712.3 MO AVG	5153.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.049	.049	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.59 ** **	2.59 ** **	lb/d	******	.007 ** **	.007 ** **	mg/L		Quarterly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	21.7 MO AVG	32.1 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.042	.042	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130016	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	68.6	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Chris Jeszke	(208)326-3230		02/06/2019
TYPED OR PRINTED		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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

IDG130016	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 1 Effluent Net	PERMIT REQUIREMENT	2712.3 MO AVG	5153.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	21.7 MO AVG	32.1 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130016	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	68.6	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

IDG130016	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 1 Effluent Net	PERMIT REQUIREMENT	2712.3 MO AVG	5153.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	21.7 MO AVG	32.1 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130016	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	68.6	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Chris Jeszke	(208)326-3230		04/18/2019
TYPED OR PRINTED		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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

IDG130016	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	2712.3 MO AVG	5153.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.068	.068	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.67 ** **	6.67 ** **	lb/d	******	.018 ** **	.018 ** **	mg/L		Quarterly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	21.7 MO AVG	32.1 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.05	.05	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130016	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	68.6	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

IDG130016	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 2 Effluent Net	PERMIT REQUIREMENT	962.2 MO AVG	1828.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 2 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	7.7 MO AVG	11.4 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130016	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.8	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
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FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

IDG130016	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 2 Effluent Net	PERMIT REQUIREMENT	962.2 MO AVG	1828.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 2 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	7.7 MO AVG	11.4 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Chris Jeszke	(208)326-3230		07/17/2019
TYPED OR PRINTED		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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130016	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.5	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
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FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

IDG130016	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 2 Effluent Net	PERMIT REQUIREMENT	962.2 MO AVG	1828.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.052	.052	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.301 ** **	.301 ** **	lb/d	******	.001 ** **	.001 ** **	mg/L		Quarterly	Calculated
00665 2 2 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	7.7 MO AVG	11.4 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.051	.051	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130016	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	55.7	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: GENE MCPHERSON

IDG130016	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
FACILITY TOTAL
Sum

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 2 Effluent Net	PERMIT REQUIREMENT	962.2 MO AVG	1828.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 2 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	7.7 MO AVG	11.4 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	77.9	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 3 Effluent Net	PERMIT REQUIREMENT	2024.7 MO AVG	3846.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 3 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	16.2 MO AVG	24 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	68.7	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
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FACILITY TOTAL
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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	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 3 Effluent Net	PERMIT REQUIREMENT	2024.7 MO AVG	3846.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.051	.051	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.48 ** **	1.48 ** **	lb/d	******	.004 ** **	.004 ** **	mg/L		Quarterly	Calculated
00665 2 3 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	16.2 MO AVG	24 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.047	.047	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Chris Jeszke	(208)326-3230		.1/12/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130016	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	68.7	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Chris Jeszke	(208)326-3230		.1/12/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

IDG130016	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 3 Effluent Net	PERMIT REQUIREMENT	2024.7 MO AVG	3846.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 3 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	16.2 MO AVG	24 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130016	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	71	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Chris Jeszke	(208)326-3230		.2/03/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

IDG130016	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 3 Effluent Net	PERMIT REQUIREMENT	2024.7 MO AVG	3846.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 3 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	16.2 MO AVG	24 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Chris Jeszke	(208)326-3230		01/13/2020
TYPED OR PRINTED		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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130016	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	82.6	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Chris Jeszke	(208)326-3230		01/13/2020
TYPED OR PRINTED		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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

IDG130016	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
MAJOR
(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	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	2712.3 MO AVG	5153.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.084	.084	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	11.15 ** **	11.15 ** **	lb/d	******	.025 ** **	.025 ** **	mg/L		Quarterly	Calculated
00665 2 1 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	21.7 MO AVG	32.1 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.059	.059	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Chris Jeszke	(208)326-3230		02/06/2020
TYPED OR PRINTED		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: U.S. FISH AND WILDLIFE SERVICE
ADDRESS: 1387 SOUTH VINNELL WAY
BOISE, ID 83709
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MAGIC VAL
LOCATION: 2036 RIVER ROAD
FILER, ID 83328

ATTN: GENE MCPHERSON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130016	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
MAJOR
(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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	82.6	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Chris Jeszke	(208)326-3230		02/06/2020
TYPED OR PRINTED		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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.074	.074	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.7	4.7	lb/d	******	.031	.031	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.043	.043	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/16/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Temp In: 14.8Temp Out: 14.9River Temp: 16.8River pH: 7.8River Ammonia: >0.04 mg/L

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	28.1	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 14.9River Temp: 16.8River pH: 7.8River Ammonia: >0.04 mg/L

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16.1	16.1	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.4	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	48	48	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	58.37	58.37	lb/d	******	47	47	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.92	1.92	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

River pH: 7.8River Temp: 16.8River Ammonia: <0.04

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.33	2.33	lb/d	******	1.877	1.877	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.23	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
River pH: 7.8River Temp: 16.8River Ammonia: <0.04

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	58.37	58.37	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.04	7.04	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
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LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.094	.094	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.09	7.09	lb/d	******	.049	.049	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.045	.045	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
TEMP IN: 14.6TEMP OUT: 14.8

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	26.8	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
TEMP IN: 14.6TEMP OUT: 14.8

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	17	17	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	26.73	26.73	lb/d	******	16	16	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.08	1.08	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.84	1.84	lb/d	******	1.035	1.035	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.33	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		09/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	26.73	26.73	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	8.94	8.94	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.078	.078	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.86	4.86	lb/d	******	.032	.032	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.046	.046	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.6Temp Out: 16.0

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	28.1	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.6Temp Out: 16.0

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

PERMIT NUMBER	DISCHARGE NUMBER
IDG130020	OSB-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	17.1	17.1	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	7.8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	10.5	10.5	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.17	2.17	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.61	1.61	lb/d	******	2.124	2.124	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.14	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX AG
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IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	0	0	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.46	6.46	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.084	.084	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.11	6.11	lb/d	******	.04	.04	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.044	.044	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Temp In: 15.2Temp Out: 15.4Receiving Waters Temp: 15.2Receiving Waters pH: 8.9Receiving Waters Ammonia: 0.06 mg/L

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	28.3	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.1/15/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Temp In: 15.2Temp Out: 15.4Receiving Waters Temp: 15.2Receiving Waters pH: 8.9Receiving Waters Ammonia: 0.06 mg/L

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	15	15	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	8.9	******	8.9	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	20	20	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	21.96	21.96	lb/d	******	19	19	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.54	1.54	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.1/15/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Receiving Waters Temp: 15.2Receiving Waters pH: 8.9Receiving Waters Ammonia: 0.06 mg/L

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.83	1.83	lb/d	******	1.496	1.496	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.23	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.62	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Receiving Waters Temp: 15.2Receiving Waters pH: 8.9Receiving Waters Ammonia: 0.06 mg/L

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	21.96	21.96	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.94	7.94	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.1/15/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	151.74	151.74	lb/d	******	1	1	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.091	.091	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.13	7.13	lb/d	******	.047	.047	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.044	.044	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.6CTemp Out: 14.4C

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	28.1	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.6CTemp Out: 14.4C

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.4	13.4	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	23	23	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	30.94	30.94	lb/d	******	22	22	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.91	1.91	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.75	2.75	lb/d	******	1.866	1.866	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.27	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.22	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
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FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	182.68	182.68	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	9.88	9.88	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.088	.088	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.07	6.07	lb/d	******	.04	.04	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.048	.048	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		01/17/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 14.7

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	28.1	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 14.7

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.5	14.5	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.7	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	21	21	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	18.52	18.52	lb/d	******	20	20	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	3.6	3.6	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.5	1.5	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.34	1.34	lb/d	******	1.452	1.452	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.17	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
MAJOR
(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	19.45	19.45	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.41	7.41	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
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LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
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IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.087	.087	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.15	6.15	lb/d	******	.042	.042	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.045	.045	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Temp In: 14.7Temp Out: 14.0Receiving waters temp: 8.2Receiving waters pH: 8.0Receiving waters NH4: <0.04mg/L

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	27.1	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Temp In: 14.7Temp Out: 14.0Receiving waters temp: 8.2Receiving waters pH: 8.0Receiving waters NH4: <0.04mg/L

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
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HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	13.7	13.7	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	7.8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	15	15	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	11.2	11.2	lb/d	******	14	14	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	4.21	4.21	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.45	1.45	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Receiving waters temp: 8.2Receiving waters pH: 8.0Receiving waters NH4: <0.04mg/L

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.12	1.12	lb/d	******	1.405	1.405	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.15	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.55	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Receiving waters temp: 8.2Receiving waters pH: 8.0Receiving waters NH4: <0.04mg/L

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	11.95	11.95	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.27	7.27	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		02/15/2019
TYPED OR PRINTED		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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

PERMIT NUMBER	DISCHARGE NUMBER
IDG130020	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.086	.086	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.71	5.71	lb/d	******	.039	.039	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.047	.047	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In:14.7Temp Out: 14.0

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	27.1	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In:14.7Temp Out: 14.0

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	19	19	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	23.43	23.43	lb/d	******	18	18	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.76	1.76	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.23	2.23	lb/d	******	1.713	1.713	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.24	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	23.43	23.43	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.94	7.94	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: JIM HENDERHAN

PERMIT NUMBER	DISCHARGE NUMBER
IDG130020	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.07	.07	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.11	3.11	lb/d	******	.022	.022	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.048	.048	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.6Temp Out: 14.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	26.2	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.6Temp Out: 14.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
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FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	20	20	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	24.7	24.7	lb/d	******	19	19	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.43	1.43	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		04/17/2019
TYPED OR PRINTED		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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.8	1.8	lb/d	******	1.382	1.382	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.24	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	24.7	24.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.9	4.9	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

PERMIT NUMBER	DISCHARGE NUMBER
IDG130020	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3	3	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	284	284	lb/d	******	2	2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.099	.124	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.53	11.08	lb/d	******	.053	.078	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.0455	.046	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.0Temp Out: 13.9

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	26.3	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.0Temp Out: 13.9

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.3	14.3	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	40	40	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	36.1	36.1	lb/d	******	39	39	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	22.4	22.4	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.425	3.26	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Receiving waters temp: 11.9Receiving waters pH: 7.9Receiving waters NH4:<0.04

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.86	3.21	lb/d	******	2.38	3.26	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.33	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Receiving waters temp: 11.9Receiving waters pH: 7.9Receiving waters NH4:<0.04

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	320.2	320.2	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	10.5	14.3	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
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ATTN: JIM HENDERHAN

PERMIT NUMBER	DISCHARGE NUMBER
IDG130020	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3	3	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	278.6	278.6	lb/d	******	2	2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.106	.106	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	8.6	8.6	lb/d	******	.062	.062	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.044	.044	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 14.8

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	25.8	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		06/12/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 14.8

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	12	12	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	7.5	7.5	lb/d	******	11	11	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.126	.126	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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DISCHARGE MONITORING REPORT (DMR)

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LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.06	.06	lb/d	******	.082	.082	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.13	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	286.1	286.1	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	8.7	8.7	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

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IDG130020	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4	4	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	445.5	445.5	lb/d	******	3	3	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.12	.155	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	11.21	16.19	lb/d	******	.076	.109	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.0445	.046	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.3Temp Out: 15.7

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	27.5	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	27	27	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	12.38	12.38	lb/d	******	26	26	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.475	2.94	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

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PERMIT NUMBER	DISCHARGE NUMBER

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06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.16	1.38	lb/d	******	2.429	2.894	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.09	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	457.9	457.9	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	12.37	17.6	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		07/13/2019
TYPED OR PRINTED		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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.122	.122	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	12.3	12.3	lb/d	******	.08	.08	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.042	.042	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.2Temp Out: 15.6

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	28.4	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 15.2Temp Out: 15.6

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	16.7	16.8	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	6.8	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	36	36	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	13.7	13.7	lb/d	******	35	35	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	8.22	8.22	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.95	2.95	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Receiving water:Ammonia = <0.04 mg/LTemperature = 19.4 CpH = 8.1 s.u.No known problems with sample collection or analysis. Conditions normal for the time of year.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.1	1.1	lb/d	******	2.908	2.908	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.07	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Receiving water:Ammonia = <0.04 mg/LTemperature = 19.4 CpH = 8.1 s.u.No known problems with sample collection or analysis. Conditions normal for the time of year.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	13.7	13.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	13.4	13.4	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.069	.069	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.35	4.35	lb/d	******	.028	.028	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.041	.041	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
TEMP IN: 15.3TEMP OUT: 15.6

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	28.8	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
TEMP IN: 15.3TEMP OUT: 15.6

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
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FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22	22	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	16.7	16.7	lb/d	******	21	21	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.44	2.44	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		09/16/2019
TYPED OR PRINTED		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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.91	1.91	lb/d	******	2.399	2.399	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.15	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
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FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	16.7	16.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.3	6.3	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.129	.167	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	12.54	18.46	lb/d	******	.084	.123	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.046	.047	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 15.2

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	27.8	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 15.2

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	37	37	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	24.4	24.4	lb/d	******	36	36	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.979	1.58	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.633	1.536	lb/d	******	.934	1.536	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.13	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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ATTN: JIM HENDERHAN

IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	24.4	24.4	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	13.17	19.51	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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LOCATION: NORTH OF LOWER SALMON FALLS DAM
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ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.063	.063	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.3	2.3	lb/d	******	.015	.015	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.048	.048	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.1/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 14.0

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	28.6	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.1/15/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.8Temp Out: 14.0

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	53	53	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	48.2	48.2	lb/d	******	52	52	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.62	2.62	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.38	2.38	lb/d	******	2.572	2.572	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.17	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	48.2	48.2	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.7	4.7	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

PERMIT NUMBER	DISCHARGE NUMBER
IDG130020	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.095	.095	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.46	7.46	lb/d	******	.048	.048	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.047	.047	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 14.4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	28.8	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.2/13/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.9Temp Out: 14.4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	14.1	14.1	deg C		Quarterly	Meter
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.2	SU		Quarterly	Meter
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	32	32	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	28.7	28.7	lb/d	******	31	31	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	3.98	3.98	mg/L		Quarterly	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	2.07	2.07	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Receiving waters: Temp 7.9C, pH 8.2, NH4 3.98 mg/LReceiving waters appear normal for the time of year. No known issues with sample collection.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.87	1.87	lb/d	******	2.023	2.023	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.17	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Receiving waters: Temp 7.9C, pH 8.2, NH4 3.98 mg/LReceiving waters appear normal for the time of year. No known issues with sample collection.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
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FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	28.7	28.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	9.34	9.34	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.2/13/2019
TYPED OR PRINTED		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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.089	.089	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.83	6.83	lb/d	******	.046	.046	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.043	.043	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		01/18/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.5Temp Out: 14.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	27.5	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Temp In: 14.5Temp Out: 14.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	15	15	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	16	16	lb/d	******	14	14	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	1.43	1.43	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.58	1.58	lb/d	******	1.387	1.387	mg/L		Monthly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.21	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MAJOR
(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	16	16	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	8.4	8.4	lb/d	******	******	******	******		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
RACEWAYS
External Outfall

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	Meter
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	Meter
Alkalinity, carbonate [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00430 SC 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	67 MO AVG	100 DAILY MX	mg/L		Monthly	Calculated
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

IDG130020	OSB-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
MAJOR
(SUBR 05)
OFF-LINE SETTLING BASIN
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	90 MINIMUM	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83705
FACILITY: WHITE SPRINGS TROUT FARM
LOCATION: NORTH OF LOWER SALMON FALLS DAM
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN

PERMIT NUMBER	DISCHARGE NUMBER
IDG130020	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
MAJOR
(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				******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	821.9 MO AVG	1561.6 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 T 0 See Comments	PERMIT REQUIREMENT	13.5 MO AVG	20 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328

ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		08/16/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328
ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	9.2	cfs	******	******	******	******		Six per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		08/16/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328

ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		09/20/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328
ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	14.08	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		09/20/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328

ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-59.8	-59.8	lb/d	******	-1	-1	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.094	.094	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.49	1.49	lb/d	******	.025	.025	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.069	.069	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		.0/12/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328

ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	15.14	cfs	******	******	******	******		Five per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		.0/12/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328

ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		.1/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328
ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	16.49	cfs	******	******	******	******		Six per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		.1/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328

ATTN: KIM LEMMON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130028	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	55.9	55.9	lb/d	******	< 2	< 2	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.038	.038	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.8	.8	lb/d	******	.014	.014	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.024	.024	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328
ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	13.82	cfs	******	******	******	******		Six per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328

ATTN: KIM LEMMON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130028	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328
ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	9.89	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328

ATTN: KIM LEMMON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130028	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328
ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	8.31	cfs	******	******	******	******		Three per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328

ATTN: KIM LEMMON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130028	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328
ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.83	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		03/14/2019
TYPED OR PRINTED		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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328

ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	41.3	41.3	lb/d	******	< 2	< 2	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.107	.107	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3	3	lb/d	******	.087	.087	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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DISCHARGE MONITORING REPORT (DMR)

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FILER, ID 83328
ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
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FACILITY TOTAL
Sum

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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.42	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130028	SUM-A

MONITORING PERIOD	
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04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7.24	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130028	SUM-A
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.83	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	31.5	31.5	lb/d	******	< 2	< 2	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.091	.091	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.2	2.2	lb/d	******	.07	.07	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.021	.021	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.42	cfs	******	******	******	******		Three per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		08/20/2019
TYPED OR PRINTED		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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328
ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	8.98	cfs	******	******	******	******		Five per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328

ATTN: KIM LEMMON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130028	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83332
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(SUBR 05)
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: BLIND CANYON AQUARANCH INC
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FACILITY: FILER FISH FARM
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FILER, ID 83328
ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	11.07	cfs	******	******	******	******		Four per Month	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
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FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328

ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	60	60	lb/d	******	< 2	< 2	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.066	.066	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.6	2.6	lb/d	******	.043	.043	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.023	.023	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328
ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	12.54	cfs	******	******	******	******		Five per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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FACILITY: FILER FISH FARM
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FILER, ID 83328

ATTN: KIM LEMMON

IDG130028	SUM-A
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10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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DISCHARGE MONITORING REPORT (DMR)

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	16.49	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
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FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
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IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

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MINOR
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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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		.2/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328
ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	11.55	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		.2/20/2019
TYPED OR PRINTED		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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328

ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	54.6	54.6	lb/d	******	< 2	2	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.067	.067	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.4	2.4	lb/d	******	.044	.044	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.023	.023	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		01/20/2020
TYPED OR PRINTED		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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328
ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	10.12	cfs	******	******	******	******		Five per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		01/20/2020
TYPED OR PRINTED		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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328

ATTN: KIM LEMMON

PERMIT NUMBER	DISCHARGE NUMBER
IDG130028	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	304.7 MO AVG	578.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: FILER FISH FARM
LOCATION: 3950 NORTH 2109 EAST
FILER, ID 83328

ATTN: KIM LEMMON

IDG130028	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
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: RAINBOW TROUT FARM INC
ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

IDG130029	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-31.48	-31.48	lb/d	******	-1	-1	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3	3	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.041	.041	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.6	.6	lb/d	******	.019	.019	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.022	.022	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: RAINBOW TROUT FARM INC
ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.83	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Dirk Bogaard	(208)837-6444		08/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: RAINBOW TROUT FARM INC
ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316

ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Dirk Bogaard	(208)837-6444		.0/01/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: RAINBOW TROUT FARM INC
ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7.25	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Dirk Bogaard	(208)837-6444		.0/01/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: RAINBOW TROUT FARM INC
ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: PO BOX 510
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FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7.85	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Dirk Bogaard	(208)837-6444		.0/24/201
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: RAINBOW TROUT FARM INC
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HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316

ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.035	.035	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.91	-.91	lb/d	******	-.02	-.02	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.055	.055	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: RAINBOW TROUT FARM INC
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HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	8.46	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: RAINBOW TROUT FARM INC
ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

IDG130029	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83332
MINOR
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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7.85	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

IDG130029	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	8	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Dirk Bogaard	(208)837-6444		01/17/2019
TYPED OR PRINTED		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: RAINBOW TROUT FARM INC
ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316

ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.053	.053	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.15	1.15	lb/d	******	.032	.032	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.021	.021	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: RAINBOW TROUT FARM INC
ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.67	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Dirk Bogaard	(208)837-6444		02/20/2019
TYPED OR PRINTED		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: RAINBOW TROUT FARM INC
ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316

ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: RAINBOW TROUT FARM INC
ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.25	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Dirk Bogaard	(208)837-6444		03/20/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: RAINBOW TROUT FARM INC
ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316

ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Dirk Bogaard	(208)837-6444		04/19/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: RAINBOW TROUT FARM INC
ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

IDG130029	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.69	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Dirk Bogaard	(208)837-6444		04/19/2019
TYPED OR PRINTED		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: RAINBOW TROUT FARM INC
ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316

ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-87.8	-87.8	lb/d	******	-3	-3	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4	4	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.087	.087	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.81	1.851	lb/d	******	.062	.062	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.025	.025	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: RAINBOW TROUT FARM INC
ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.42	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Dirk Bogaard	(208)837-6444		05/17/2019
TYPED OR PRINTED		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: RAINBOW TROUT FARM INC
ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

IDG130029	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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ADDRESS: PO BOX 510
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FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.29	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

IDG130029	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.53	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316

ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(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			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7.11	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
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08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83332
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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	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-268.76	-268.76	lb/d	******	-7	-7	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	8	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.056	.056	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.19	.19	lb/d	******	.005	.005	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.051	.051	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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DMR Mailing ZIP CODE: 83332
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Sum

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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7.11	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: RAINBOW TROUT FARM INC
ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130029	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Dirk Bogaard	(208)837-6444		.0/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7.85	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1.5	1.5	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-162.73	-162.73	lb/d	******	-3.5	-3.5	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5	5	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.037	.037	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.37	.37	lb/d	******	.008	.008	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.029	.029	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	8.61	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7.4	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7.4	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	175.3 MO AVG	333.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	3.5 MO AVG	5.2 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: RAINBOW TROUT FARM INC
ADDRESS: PO BOX 510
HAGERMAN, ID 83332
FACILITY: RAINBOW TROUT FARM INC - BUHL HATCHERY
LOCATION: 4356 CANYON VIEW LANE
BUHL, ID 83316
ATTN: DICK BOGAARD, PRODUCTION MGR

IDG130029	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130050	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83328
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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		08/16/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130050	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83328
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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.98	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

IDG130050	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83328
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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

IDG130050	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83328
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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.3	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

IDG130050	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83328
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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.0/16/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

IDG130050	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83328
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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.3	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130050	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		.1/15/201
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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IDG130050	SUM-A
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10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83328
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FACILITY TOTAL
Sum

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.4	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ATTN: JIM HENDERHAN, GENERAL MANAGER

IDG130050	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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IDG130050	SUM-A
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11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83328
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.4	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

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12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83328
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.7	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

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MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83328
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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.91	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		02/15/2019
TYPED OR PRINTED		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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

IDG130050	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ATTN: JIM HENDERHAN, GENERAL MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130050	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83328
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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.8	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130050	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

IDG130050	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83328
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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.03	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

IDG130050	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: JIM HENDERHAN, GENERAL MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130050	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83328
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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.03	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
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FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
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ATTN: JIM HENDERHAN, GENERAL MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130050	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		06/12/2019
TYPED OR PRINTED		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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

IDG130050	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83328
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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.91	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130050	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130050	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83328
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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.03	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130050	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130050	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83328
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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.96	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130050	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83328
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Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.97	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		09/16/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130050	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83328
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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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MINOR
(SUBR 05)
FACILITY TOTAL
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.03	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
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FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130050	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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IDG130050	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83328
MINOR
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FACILITY TOTAL
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No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.03	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130050	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83328
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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

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IDG130050	SUM-A
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DMR Mailing ZIP CODE: 83328
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.1	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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ATTN: JIM HENDERHAN, GENERAL MANAGER

IDG130050	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
MINOR
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FACILITY TOTAL
Sum

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		01/18/2020
TYPED OR PRINTED		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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

IDG130050	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83328
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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.97	cfs	******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Henderhan/ GM	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 Almgren	(208)326-3100		01/18/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130050	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
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	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
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	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	127.7 MO AVG	242.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	255.5 MO AVG	485.5 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
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	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: EVAQUA FARMS LLC
ADDRESS: P.O. BOX AG
FILER, ID 83328
FACILITY: LEE PONDS
LOCATION: 1148 EAST 2900 SOUTH
HAGERMAN, ID 83332
ATTN: JIM HENDERHAN, GENERAL MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
IDG130050	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83328
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			
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	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	1.5 MO AVG	2.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	3 MO AVG	4.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
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: IRIE RANCH INC
ADDRESS: P.O. BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK WEST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130054	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83316
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	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	377.6	377.6	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.102	.102	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	27.8 ** **	28.3 ** **	lb/d	******	.074 ** **	.075 ** **	mg/L		Monthly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: IRIE RANCH INC
ADDRESS: P.O. BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK WEST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130054	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	69.89	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IRIE RANCH INC
ADDRESS: P.O. BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK WEST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130054	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83316
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	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	383.9	383.9	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.087	.087	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	21.5 ** **	21.5 ** **	lb/d	******	.056 ** **	.056 ** **	mg/L		Monthly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.031	.031	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IRIE RANCH INC
ADDRESS: P.O. BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK WEST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130054	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	71.06	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IRIE RANCH INC
ADDRESS: P.O. BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK WEST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130054	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83316
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	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	383.9	383.9	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.093	.093	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	23.4 ** **	23.4 ** **	lb/d	******	.061 ** **	.061 ** **	mg/L		Monthly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.032	.032	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		.0/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: IRIE RANCH INC
ADDRESS: P.O. BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK WEST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130054	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	71.1	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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DISCHARGE MONITORING REPORT (DMR)

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IDG130054	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 05)
FACILITY TOTAL
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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	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	377.6	377.6	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.087	.087	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	22.7 ** **	22.7 ** **	lb/d	******	.06 ** **	.06 ** **	mg/L		Monthly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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IDG130054	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	69.93	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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(SUBR 05)
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	383.9	383.9	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.098	.098	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	25.3 ** **	25.3 ** **	lb/d	******	.066 ** **	.066 ** **	mg/L		Monthly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.032	.032	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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IDG130054	SUM-A

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MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	71.1	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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12/01/2018	12/31/2018

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	383.9	383.9	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.086	.086	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	22.7 ** **	22.7 ** **	lb/d	******	.059 ** **	.059 ** **	mg/L		Monthly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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DISCHARGE MONITORING REPORT (DMR)

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12/01/2018	12/31/2018

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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	71.1	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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01/01/2019	01/31/2019

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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	2.1	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	393.2	411.9	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.099	.1	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	24.5 ** **	25.5 ** **	lb/d	******	.066 ** **	.066 ** **	mg/L		Monthly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.033	.037	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		02/19/2019
TYPED OR PRINTED		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: IRIE RANCH INC
ADDRESS: P.O. BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK WEST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130054	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	69.34	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		02/19/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: P.O. BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK WEST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130054	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
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	2.5	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	374.4	374.4	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.1	.11	mg/L		Twice per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	28.5 ** **	31.8 ** **	lb/d	******	.076 ** **	.085 ** **	mg/L		Twice per Month	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.024	.025	mg/L		Twice per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 14 EAST 4420
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ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130054	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	69.34	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ATTN: TOM LUCAS

IDG130054	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 05)
FACILITY TOTAL
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	374.4	374.4	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.103	.103	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	27.7 ** **	27.7 ** **	lb/d	******	.074 ** **	.074 ** **	mg/L		Monthly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.029	.029	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IRIE RANCH INC
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LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130054	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	69.34	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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IDG130054	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 05)
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	377.6	377.6	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	1 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.105	.123	mg/L		Three per Month	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	30.5 ** **	37.8 ** **	lb/d	******	.081 ** **	.1 ** **	mg/L		Three per Month	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.025	.027	mg/L		Three per Month	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130054	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	69.93	cfs	******	******	******	******		Three per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130054	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
MINOR
(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	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	380.8	380.8	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.08	.08	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	20.6 ** **	20.6 ** **	lb/d	******	.054 ** **	.054 ** **	mg/L		Monthly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.026	.026	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		06/19/2019
TYPED OR PRINTED		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: IRIE RANCH INC
ADDRESS: P.O. BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK WEST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130054	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	70.47	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130054	SUM-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

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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	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	380.8	380.8	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.07	.07	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	16.8 ** **	16.8 ** **	lb/d	******	.044 ** **	.044 ** **	mg/L		Monthly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.026	.026	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130054	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	70.47	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER

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07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
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(SUBR 05)
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	381	381	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.064	.065	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	12.8 ** **	12.9 ** **	lb/d	******	.034 ** **	.034 ** **	mg/L		Monthly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.031	.031	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130054	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83316
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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	70.48	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	380.8	380.8	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.073	.073	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	16.4 ** **	16.4 ** **	lb/d	******	.043 ** **	.043 ** **	mg/L		Monthly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	70.48	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	387	387	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.064	.064	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	14.3 ** **	14.3 ** **	lb/d	******	.037 ** **	.037 ** **	mg/L		Monthly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: IRIE RANCH INC
ADDRESS: P.O. BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK WEST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130054	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	71.66	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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IDG130054	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
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	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	381	381	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.086	.093	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	20.1 ** **	22.5 ** **	lb/d	******	.053 ** **	.059 ** **	mg/L		Monthly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.033	.034	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Julie Stadelman/ Director of Quality Assurance	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		.1/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: 14 EAST 4420
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IDG130054	SUM-A

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10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	70.78	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130054	SUM-A

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11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
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(SUBR 05)
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	381	381	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.077	.077	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	16.9 ** **	16.9 ** **	lb/d	******	.044 ** **	.044 ** **	mg/L		Monthly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.033	.033	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130054	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MINOR
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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	71.07	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

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Sum

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	381	381	lb/d	******	< 2	< 2	mg/L		Monthly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.078	.078	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	18.3 ** **	18.3 ** **	lb/d	******	.048 ** **	.048 ** **	mg/L		Monthly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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DISCHARGE MONITORING REPORT (DMR)

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MM/DD/YYYY	MM/DD/YYYY
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	70.51	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	1892.1 MO AVG	3594.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	** **	** **		******	** **	** **				
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	31 MO AVG	45.9 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Starla Barnes/ Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Starla Barnes	(208)837-6114		07/19/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	32	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Starla Barnes/ Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Starla Barnes	(208)837-6114		07/19/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L	1	Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.0453	.0453	mg/L	3	Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.68	2.68	lb/d	******	.012	.012	mg/L	3	Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.033	.033	mg/L	3	Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		09/18/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	35	cfs	******	******	******	******	3	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		09/18/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		.0/29/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	35	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		.0/29/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		.1/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	35	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(208)837-6114		.1/20/201
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	> 2	> 2	mg/L	1	Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	> 2	> 2	mg/L	1	Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	> 2	> 2	mg/L	1	Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.057	.057	mg/L	1	Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.7	1.7	lb/d	******	.009	.009	mg/L	1	Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.048	.048	mg/L	1	Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		.1/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	35	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		.1/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: PO BOX 479
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FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	33	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BIG BEND TROUT
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HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	2	mg/L	1	Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	178	178	lb/d	******	1	1	mg/L	1	Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.06	.06	mg/L	1	Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.2	3.2	lb/d	******	.018	.018	mg/L	1	Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.042	.042	mg/L	1	Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	30	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		02/20/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 18374 HIGHWAY 30
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ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	30	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		03/19/2019
TYPED OR PRINTED		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 ACCOMPANY 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: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	33	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83332
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(SUBR 05)
RACEWAY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3	3	mg/L	1	Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	324	324	lb/d	******	2	2	mg/L	1	Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.077	.077	mg/L	1	Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.05	4.05	lb/d	******	.025	.025	mg/L	1	Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.052	.052	mg/L	1	Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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HAGERMAN, ID 83332
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IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83332
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RACEWAY
External Outfall

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	30	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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IDG130056	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	32	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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06/01/2019	06/30/2019

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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	33	cfs	******	******	******	******	1		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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07/01/2019	07/31/2019

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	178.2	178.2	lb/d	******	1	1	mg/L	1	Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.081	.081	mg/L	1	Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.16	5.16	lb/d	******	.029	.029	mg/L	1	Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.052	.052	mg/L	1	Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI Q				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		08/12/2019
TYPED OR PRINTED		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 ACCOMPANY 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: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

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	******	******	******	******	******	NODI Q				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	33	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		08/12/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BIG BEND TROUT
ADDRESS: PO BOX 479
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LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BIG BEND TROUT
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FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	33	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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HAGERMAN, ID 83332
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IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
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LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	33	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		.0/18/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BIG BEND TROUT
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LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
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IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JAMES DACE/ GENERAL MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	JAMES DACE	(208)837-6114		.1/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BIG BEND TROUT
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FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	33	cfs	******	******	******	******	1	Daily	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		JAMES DACE	TELEPHONE		DATE
JAMES DACE/ GENERAL MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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)837-6114		.1/19/2019
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
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
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ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L	1	Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L	1	Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L	1	Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.067	.067	mg/L	1	Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.63	4.63	lb/d	******	.026	.026	mg/L	1	Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.041	.041	mg/L	1	Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JAMES DACE/ GENERAL MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	JAMES DACE	(208)837-6114		.2/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANY 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: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	34	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	38	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JAMES DACE/ GENERAL MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	JAMES DACE	(208)837-6114		01/09/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130056	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BIG BEND TROUT
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130056	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
RACEWAY
External Outfall

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		08/16/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.87	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		08/16/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
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	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	30.9	30.9	lb/d	******	< 2	< 2	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.093	.093	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.3 ** **	1.3 ** **	lb/d	******	.041 ** **	.041 ** **	mg/L		Quarterly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.052	.052	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		09/20/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.87	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
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IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 2757 SOUTH 1050 EAST
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FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.74	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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IDG130060	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
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FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.83	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4	4	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	104.2	104.2	lb/d	******	3	3	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.115	.115	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.3 ** **	3.3 ** **	lb/d	******	.094 ** **	.094 ** **	mg/L		Twice per Year	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.021	.021	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.43	cfs	******	******	******	******		Three per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
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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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		01/19/2019
TYPED OR PRINTED		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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.45	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		01/19/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		02/18/2019
TYPED OR PRINTED		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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.96	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		02/18/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
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FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.97	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	32.2	32.2	lb/d	******	< 2	< 2	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.06	.06	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.4 ** **	1.4 ** **	lb/d	******	.043 ** **	.043 ** **	mg/L		Quarterly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.017	.017	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.44	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 2757 SOUTH 1050 EAST
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FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.96	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		05/20/2019
TYPED OR PRINTED		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: BLIND CANYON AQUARANCH INC
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IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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DISCHARGE MONITORING REPORT (DMR)

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05/01/2019	05/31/2019

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FACILITY TOTAL
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.55	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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DISCHARGE MONITORING REPORT (DMR)

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	29.6	29.6	lb/d	******	< 2	< 2	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.087	.087	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2 ** **	2 ** **	lb/d	******	.069 ** **	.069 ** **	mg/L		Twice per Year	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.018	.018	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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IDG130060	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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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			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.55	cfs	******	******	******	******		Five per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.31	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	32.2	32.2	lb/d	******	1	1	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.049	.049	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.9 ** **	.9 ** **	lb/d	******	.029 ** **	.029 ** **	mg/L		Quarterly	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.08	cfs	******	******	******	******		Five per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		09/20/2019
TYPED OR PRINTED		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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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09/01/2019	09/30/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.95	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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IDG130060	SUM-A
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10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7.28	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130060	SUM-A
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9 ** **	NODI 9 ** **		******	NODI 9 ** **	NODI 9 ** **				
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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IDG130060	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83332
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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			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.91	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	2	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	33.4	33.4	lb/d	******	1	1	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.123	.123	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.4 ** **	3.4 ** **	lb/d	******	.1 ** **	.1 ** **	mg/L		Twice per Year	Calculated
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.18	cfs	******	******	******	******		Five per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		01/20/2020
TYPED OR PRINTED		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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	218.1 MO AVG	414.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
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	Composite
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	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	** **	** **		******	** **	** **				
00665 2 0 *TRADE IN PLACE* Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	.1 MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
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	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON HATCHERY
LOCATION: 1350 BOB BARTON ROAD
WENDELL, ID 83355
ATTN: GARY LEMMON, OWNER/OPERATOR

IDG130060	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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TYPED OR PRINTED					

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130076	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.54	cfs	******	******	******	******		Three per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
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	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	19.1	19.1	lb/d	******	< 2	< 2	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.089	.089	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.9	.9	lb/d	******	.045	.045	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.044	.044	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130076	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.54	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.45	cfs	******	******	******	******		Three per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 2757 SOUTH 1050 EAST
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IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		.1/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.58	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		.1/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	25.5	25.5	lb/d	******	< 2	< 2	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.041	.041	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.6	.6	lb/d	******	.024	.024	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.017	.017	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		.2/13/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please note that the In and Out samples were reversed. The mistake was discovered after submission to the lab. A hand-written correction was noted on the lab reports. The data submitted above has been corrected.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.72	cfs	******	******	******	******		Five per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		.2/13/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please note that the In and Out samples were reversed. The mistake was discovered after submission to the lab. A hand-written correction was noted on the lab reports. The data submitted above has been corrected.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130076	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.58	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 2757 SOUTH 1050 EAST
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FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
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ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
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FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130076	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.58	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130076	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	23.4	23.4	lb/d	******	< 2	< 2	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.067	.067	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.2	1.2	lb/d	******	.05	.05	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.017	.017	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		03/14/2019
TYPED OR PRINTED		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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.45	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		03/14/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		04/18/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.7	cfs	******	******	******	******		Three per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		04/18/2019
TYPED OR PRINTED		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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	16.2	16.2	lb/d	******	< 2	< 2	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.048	.048	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.6	.6	lb/d	******	.036	.036	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.012	.012	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.72	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		05/20/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.3	cfs	******	******	******	******		Five per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
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HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		07/20/2019
TYPED OR PRINTED		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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.95	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83332
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Sum

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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.6	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83332
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(SUBR 05)
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	21.9	21.9	lb/d	******	2	2	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	< 2	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.071	.071	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.3	1.3	lb/d	******	.059	.059	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.012	.012	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130076	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.05	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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IDG130076	SUM-A
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DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.48	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		.1/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130076	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.42	cfs	******	******	******	******		Five per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		.1/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	24.7	24.7	lb/d	******	< 2	< 2	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.075	.075	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.5	1.5	lb/d	******	.061	.061	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.014	.014	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		.2/20/2019
TYPED OR PRINTED		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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.58	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		.2/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.3	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		01/20/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130076	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
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	Composite
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	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
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	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BLIND CANYON AQUARANCH INC
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: LEMMON PONDS
LOCATION: 2727 SOUTH 1050 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130076	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: IRLE RANCH INC
ADDRESS: PO BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK EAST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130088	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83316
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	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	69.7	69.7	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.095	.095	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.032	.032	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.4	4.5	lb/d	******	.063	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: IRLE RANCH INC
ADDRESS: PO BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK EAST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130088	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	12.9	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		08/17/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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IDG130088	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83316
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	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	72.5	72.5	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.096	.096	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.032	.032	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.6	4.6	lb/d	******	.064	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	13.42	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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09/01/2018	09/30/2018

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	109.4	109.4	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.072	.072	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.034	.034	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4.2	4.2	lb/d	******	.038	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	20.26	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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10/01/2018	10/31/2018

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	152.2	152.2	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.061	.061	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.028	.028	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5	5	lb/d	******	.033	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83316
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	21.18	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	133.2	133.2	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.071	.071	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.031	.031	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.3	5.3	lb/d	******	.04	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	24.66	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		.2/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: IRLE RANCH INC
ADDRESS: PO BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK EAST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130088	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
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	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	133.2	133.2	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.079	.079	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.026	.026	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	7.1	7.1	lb/d	******	.053	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130088	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	24.66	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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IDG130088	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	133.2	133.2	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.078	.078	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.8	6.8	lb/d	******	.051	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IRLE RANCH INC
ADDRESS: PO BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK EAST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130088	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	24.66	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130088	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
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	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	116	116	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.059	.059	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.7	3.7	lb/d	******	.032	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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IDG130088	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	21.48	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130088	SUM-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83316
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	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	106	106	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.096	.096	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.032	.032	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.8	6.8	lb/d	******	.064	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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DMR Mailing ZIP CODE: 83316
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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	19.65	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IRLE RANCH INC
ADDRESS: PO BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK EAST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130088	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
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	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	106.1	106.1	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.09	.091	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.026	.026	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.8	6.9	lb/d	******	.064	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John R MacMillan/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randy MacMillan	(208)543-3462		05/17/2019
TYPED OR PRINTED		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)
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04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83316
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Sum

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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	19.63	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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DISCHARGE MONITORING REPORT (DMR)

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05/01/2019	05/31/2019

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	120.1	120.1	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.075	.075	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.8	5.8	lb/d	******	.048	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	22.24	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	102.9	102.9	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.059	.059	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Grab
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.3	3.3	lb/d	******	.032	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83316
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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	19.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	102.87	102.87	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.059	.059	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.027	.027	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.3	3.3	lb/d	******	.032	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	19.05	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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08/01/2019	08/31/2019

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	96.6	96.6	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.051	.051	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.03	.03	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2	2	lb/d	******	.021	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		09/17/2019
TYPED OR PRINTED		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: IRLE RANCH INC
ADDRESS: PO BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK EAST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130088	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	17.88	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130088	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
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	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	128.6	128.6	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.041	.041	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.028	.028	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.7	1.7	lb/d	******	.013	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130088	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	21.48	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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DISCHARGE MONITORING REPORT (DMR)

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IDG130088	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
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(SUBR 05)
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	162	162	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.067	.067	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.034	.034	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.4	5.4	lb/d	******	.033	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Julie Stadelman/ Director of Quality Assurance	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Julie Stadelman	(208)543-3488		.1/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER
IDG130088	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	30.02	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130088	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MINOR
(SUBR 05)
FACILITY TOTAL
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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	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	167.8	167.8	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.059	.059	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.035	.035	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	4	4	lb/d	******	.024	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83316
MINOR
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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			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	31.07	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	158.4	158.4	lb/d	******	******	******	******		Monthly	Calculated
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.067	.067	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.029	.029	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6	6	lb/d	******	.038	******	mg/L		Monthly	Calculated
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Jermunson	(208)751-3424		01/20/2020
TYPED OR PRINTED		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: IRLE RANCH INC
ADDRESS: PO BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK EAST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130088	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	29.33	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jeff Jermunson/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Jermunson	(208)751-3424		01/20/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IRLE RANCH INC
ADDRESS: PO BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK EAST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

IDG130088	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
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	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 T 0 See Comments	PERMIT REQUIREMENT	614.2 MO AVG	1167.1 DAILY MX	lb/d	******	******	******	******		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******		******				
00665 T 0 See Comments	PERMIT REQUIREMENT	10.1 MO AVG	15 DAILY MX	lb/d	******	.1 MO AVG	******	mg/L		Monthly	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: IRLE RANCH INC
ADDRESS: PO BOX 443
BUHL, ID 83316
FACILITY: CLEAR SPRINGS FOODS INC - BRIGGS CREEK EAST
LOCATION: 14 EAST 4420
BUHL, ID 83316
ATTN: TOM LUCAS

PERMIT NUMBER	DISCHARGE NUMBER
IDG130088	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83316
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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: SMITH FARM PONDS
ADDRESS: BOX 479
HAGERMAN, ID 83332
FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 2 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	520.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 2 Effluent Net	PERMIT REQUIREMENT	5 MO AVG	7.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Starla Barnes/ Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Starla Barnes	(208)837-6114		07/19/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: SMITH FARM PONDS
ADDRESS: BOX 479
HAGERMAN, ID 83332
FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	14	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Starla Barnes/ Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Starla Barnes	(208)837-6114		07/19/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: SMITH FARM PONDS
ADDRESS: BOX 479
HAGERMAN, ID 83332
FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L	1	Monthly	Calculated
00530 2 2 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	520.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.104	.104	mg/L	1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.944	1.944	lb/d	******	.03	.03	mg/L	1	Monthly	Calculated
00665 2 2 Effluent Net	PERMIT REQUIREMENT	5 MO AVG	7.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.074	.074	mg/L	1	Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		09/18/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SMITH FARM PONDS
ADDRESS: BOX 479
HAGERMAN, ID 83332
FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	12	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		09/18/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SMITH FARM PONDS
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FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	454.2 MO AVG	863.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00665 2 3 Effluent Net	PERMIT REQUIREMENT	7 MO AVG	10.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		.0/29/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: SMITH FARM PONDS
ADDRESS: BOX 479
HAGERMAN, ID 83332
FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	13	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		.0/29/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: SMITH FARM PONDS
ADDRESS: BOX 479
HAGERMAN, ID 83332
FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	454.2 MO AVG	863.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00665 2 3 Effluent Net	PERMIT REQUIREMENT	7 MO AVG	10.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83332
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(SUBR 05)
FACILITY TOTAL
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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			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	13	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	2	mg/L	1	Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	70.2	70.2	lb/d	******	1	1	mg/L	1	Monthly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	454.2 MO AVG	863.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	70.2	70.2	lb/d	******	1	1	mg/L	1	Monthly	Calculated
00530 2 2 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	520.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	> 2	> 2	mg/L	1	Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.108	.108	mg/L	1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	5.7	5.7	lb/d	******	.082	.082	mg/L	1	Monthly	Calculated
00665 2 3 Effluent Net	PERMIT REQUIREMENT	7 MO AVG	10.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.082	.082	mg/L	1	Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
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11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	13	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	454.2 MO AVG	863.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00665 2 1 Effluent Net	PERMIT REQUIREMENT	7.8 MO AVG	11.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	14	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L	1	Monthly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	454.2 MO AVG	863.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.122	.122	mg/L	1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.388	.388	lb/d	******	.122	.122	mg/L	1	Monthly	Calculated
00665 2 1 Effluent Net	PERMIT REQUIREMENT	7.8 MO AVG	11.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.074	.074	mg/L	1	Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83332
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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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	15	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		02/20/2019
TYPED OR PRINTED		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: SMITH FARM PONDS
ADDRESS: BOX 479
HAGERMAN, ID 83332
FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	454.2 MO AVG	863.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Monthly	Calculated
00665 2 1 Effluent Net	PERMIT REQUIREMENT	7.8 MO AVG	11.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SMITH FARM PONDS
ADDRESS: BOX 479
HAGERMAN, ID 83332
FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	14.5	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 2 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	520.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 2 Effluent Net	PERMIT REQUIREMENT	5 MO AVG	7.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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HAGERMAN, ID 83332
FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	13	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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DISCHARGE MONITORING REPORT (DMR)

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HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	1	1	lb/d	******	1	1	mg/L	1	Monthly	Calculated
00530 2 2 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	520.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.174	.174	mg/L	1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	6.17	6.17	lb/d	******	.088	.088	mg/L	1	Monthly	Calculated
00665 2 2 Effluent Net	PERMIT REQUIREMENT	5 MO AVG	7.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.086	.086	mg/L	1	Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	13	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130090	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 2 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	520.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 2 Effluent Net	PERMIT REQUIREMENT	5 MO AVG	7.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	12	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SMITH FARM PONDS
ADDRESS: BOX 479
HAGERMAN, ID 83332
FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 2 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	520.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 2 Effluent Net	PERMIT REQUIREMENT	5 MO AVG	7.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		06/18/2019
TYPED OR PRINTED		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)

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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	12	cfs	******	******	******	******	1		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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07/01/2019	07/31/2019

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Monthly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	70.2	70.2	lb/d	******	1	1	mg/L	1	Monthly	Calculated
00530 2 2 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	520.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Monthly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.128	.128	mg/L	1	Monthly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.457	2.457	lb/d	******	.035	.035	mg/L	1	Monthly	Calculated
00665 2 2 Effluent Net	PERMIT REQUIREMENT	5 MO AVG	7.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.093	.093	mg/L	1	Monthly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI Q				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI Q				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	13	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 2 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	520.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 2 Effluent Net	PERMIT REQUIREMENT	5 MO AVG	7.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	12	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 1 Effluent Net	PERMIT REQUIREMENT	454.2 MO AVG	863.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 3 Effluent Net	PERMIT REQUIREMENT	7 MO AVG	10.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	14	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 1 Effluent Net	PERMIT REQUIREMENT	454.2 MO AVG	863.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 3 Effluent Net	PERMIT REQUIREMENT	7 MO AVG	10.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JAMES DACE/ GENERAL MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	JAMES DACE	(208)837-6114		.1/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: SMITH FARM PONDS
ADDRESS: BOX 479
HAGERMAN, ID 83332
FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	14	cfs	******	******	******	******	1	Daily	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JAMES DACE/ GENERAL MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	JAMES DACE	(208)837-6114		.1/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SMITH FARM PONDS
ADDRESS: BOX 479
HAGERMAN, ID 83332
FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L	1	Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L	1	Quarterly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	454.2 MO AVG	863.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 2 Effluent Net	PERMIT REQUIREMENT	274 MO AVG	520.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L	1	Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.117	.117	mg/L	1	Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.33	3.33	lb/d	******	.044	.044	mg/L	1	Quarterly	Calculated
00665 2 3 Effluent Net	PERMIT REQUIREMENT	7 MO AVG	10.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.073	.073	mg/L	1	Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: SMITH FARM PONDS
ADDRESS: BOX 479
HAGERMAN, ID 83332
FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	14	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 1 Effluent Net	PERMIT REQUIREMENT	454.2 MO AVG	863.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 1 Effluent Net	PERMIT REQUIREMENT	7.8 MO AVG	11.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SMITH FARM PONDS
ADDRESS: BOX 479
HAGERMAN, ID 83332
FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130090	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	14	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SMITH FARM PONDS
ADDRESS: BOX 479
HAGERMAN, ID 83332
FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 1 Effluent Net	PERMIT REQUIREMENT	454.2 MO AVG	863.1 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 1 Effluent Net	PERMIT REQUIREMENT	7.8 MO AVG	11.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SMITH FARM PONDS
ADDRESS: BOX 479
HAGERMAN, ID 83332
FACILITY: FISH BREEDERS OF IDAHO - SMITH'S PONDS
LOCATION: POTTERY ROAD
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130090	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130111	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Starla Barnes/ Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Starla Barnes	(208)837-6114		07/19/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130111	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Starla Barnes/ Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Starla Barnes	(208)837-6114		07/19/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
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FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332

ATTN: LEO RAY, OWNER/OPERATOR

IDG130111	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
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	< 2	mg/L	1	Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	< 2	< 2	mg/L	1	Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.048	.048	mg/L	1	Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0324	.0324	lb/d	******	.001	.001	mg/L	1	Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.047	.047	mg/L	1	Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		09/18/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130111	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		09/18/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332

ATTN: LEO RAY, OWNER/OPERATOR

IDG130111	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130111	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		.0/29/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
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HAGERMAN, ID 83332
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IDG130111	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/kg		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
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FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130111	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130111	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		.1/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130111	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		.1/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332

ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130111	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130111	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332

ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130111	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	< 2	< 2	mg/L	1	Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.051	.051	mg/L	1	Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.37	.37	lb/d	******	.01	.01	mg/L	1	Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.041	.041	mg/L	1	Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130111	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		02/20/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130111	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130111	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HENSLEE HATCHERY, BIG BEND TROUT CO
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FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130111	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
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	Composite
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	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
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	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		04/19/2019
TYPED OR PRINTED		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: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130111	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	8	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
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	Composite
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	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
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	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
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04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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HAGERMAN, ID 83332
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IDG130111	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	11	cfs	******	******	******	******	1		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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IDG130111	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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MONITORING PERIOD	
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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7	cfs	******	******	******	******	1		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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DMR Mailing ZIP CODE: 83332
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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	******	******	******	******	< 2	< 2	mg/L	1	Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	37.8	37.8	lb/d	******	1	1	mg/L	1	Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.071	.071	mg/L	1	Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.68	.68	lb/d	******	.018	.018	mg/L	1	Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.053	.053	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI Q				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		08/12/2019
TYPED OR PRINTED		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: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130111	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

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	******	******	******	******	******	NODI Q				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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IDG130111	SUM-A
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08/01/2019	08/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130111	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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IDG130111	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130111	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JAMES DACE/ GENERAL MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	JAMES DACE	(208)837-6114		.1/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ATTN: LEO RAY, OWNER/OPERATOR

IDG130111	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7	cfs	******	******	******	******	1	Daily	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		JAMES DACE	TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
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Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130111	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JAMES DACE/ GENERAL MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	JAMES DACE	(208)837-6114		.2/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130111	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JAMES DACE/ GENERAL MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	JAMES DACE	(208)837-6114		01/09/2020
TYPED OR PRINTED		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: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130111	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JAMES DACE/ GENERAL MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	JAMES DACE	(208)837-6114		01/09/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

IDG130111	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	220.8 MO AVG	419.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
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	Composite
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	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.9 MO AVG	4.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
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	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: HENSLEE HATCHERY, BIG BEND TROUT CO
ADDRESS: 18374 HWY 30
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - HENSLEE HATCHERY
LOCATION: US HIGHWAY 30, SOUTH OF HAGERMAN
HAGERMAN, ID 83332
ATTN: LEO RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130111	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130118	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		07/15/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130118	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.32	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		07/15/2018
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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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FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130118	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	1	1	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	20.5	20.5	lb/d	******	1	1	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.086	.086	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.72	.72	lb/d	******	.035	.035	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.051	.051	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stan Standal/ president1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		.0/26/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130118	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.8	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stan Standal/ president1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		.0/26/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130118	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		.0/26/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130118	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.8	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
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10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130118	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.58	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SLANE PONDS
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BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130118	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	1	1	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	21.2	21.2	lb/d	******	1	1	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.062	.062	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.3	.3	lb/d	******	.014	.014	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.048	.048	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		01/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
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ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83314
MINOR
(SUBR 05)
FACILITY TOTAL
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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			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.93	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		01/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SLANE PONDS
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12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83314
MINOR
(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	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
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ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.18	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		01/15/2019
TYPED OR PRINTED		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: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130118	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130118	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.94	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		01/15/2019
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130118	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83314
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	2	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	12.8	12.8	lb/d	******	1	1	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.102	.102	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.65	.65	lb/d	******	.051	.051	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.051	.051	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130118	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.37	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130118	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130118	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.71	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130118	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130118	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.37	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130118	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	1	1	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	14	14	lb/d	******	1	1	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.102	.102	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.21	1.21	lb/d	******	.046	.046	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.056	.056	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		06/19/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130118	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.6	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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IDG130118	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130118	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.82	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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IDG130118	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
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FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
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MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.58	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMIT NUMBER	DISCHARGE NUMBER
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08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83314
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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	******	******	******	******	1	1	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	24.7	24.7	lb/d	******	1	1	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.07	.07	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.64	.64	lb/d	******	.026	.026	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.044	.044	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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Form Approved
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08/01/2019	08/31/2019

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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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.58	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		.0/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130118	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.32	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	25.5	25.5	lb/d	******	1	1	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.085	.085	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.74	.74	lb/d	******	.056	.056	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.029	.029	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: 446 B RIVER ROAD
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PERMIT NUMBER	DISCHARGE NUMBER
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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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.72	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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11/01/2019	11/30/2019

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.86	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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12/01/2019	12/31/2019

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	4.32	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.32	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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01/01/2020	01/31/2020

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	19.1	19.1	lb/d	******	1	1	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	110.7 MO AVG	210.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.096	.096	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.8	.8	lb/d	******	.042	.042	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	1.9 MO AVG	2.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.054	.054	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		02/08/2020
TYPED OR PRINTED		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: SLANE PONDS
ADDRESS: 446 B RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - SLANE PONDS
LOCATION: 446 B RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130118	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3.54	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		02/08/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		07/15/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.39	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	32.9	32.9	lb/d	******	1	1	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.067	.067	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.69	.69	lb/d	******	.021	.021	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.046	.046	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.09	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		.0/26/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130120	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.79	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		.0/26/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7.6	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	4	4	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-55.4	-55.4	lb/d	******	-2	-2	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	6	6	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.098	.098	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	-.1	-.1	lb/d	******	-.004	-.004	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.102	.102	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.13	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.66	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		01/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.41	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(208)837-4970		01/15/2019
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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	21.6	21.6	lb/d	******	1	1	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.133	.133	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.8	1.8	lb/d	******	.081	.081	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.052	.052	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		04/07/2019
TYPED OR PRINTED		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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.02	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		04/07/2019
TYPED OR PRINTED		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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.67	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.27	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		04/07/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	27	27	lb/d	******	1	1	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.129	.129	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.06	2.06	lb/d	******	.076	.076	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.053	.053	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.01	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		06/19/2019
TYPED OR PRINTED		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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		06/19/2019
TYPED OR PRINTED		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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7.07	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.83	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 609 RIVER ROAD
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FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	38.3	38.3	lb/d	******	1	1	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.075	.075	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.15	1.15	lb/d	******	.03	.03	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.045	.045	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: 319 RIVER ROAD
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IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7.1	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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09/01/2019	09/30/2019

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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IDG130120	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83314
MINOR
(SUBR 05)
FACILITY TOTAL
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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			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7.4	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83314
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(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	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	35	36	lb/d	******	1	1	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.057	.057	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.9	.9	lb/d	******	.032	.032	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.025	.025	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		.2/08/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130120	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.61	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		.2/08/2019
TYPED OR PRINTED		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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		.2/29/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5.84	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		.2/29/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		.2/29/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.8	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		.2/29/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	23.9	23.9	lb/d	******	1	1	mg/L		Quarterly	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	137.5 MO AVG	261.3 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.073	.073	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.53	.53	lb/d	******	.022	.022	mg/L		Quarterly	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	2.4 MO AVG	3.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.051	.051	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		02/08/2020
TYPED OR PRINTED		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: WHITE WATER FISHERIES INC
ADDRESS: 609 RIVER ROAD
BLISS, ID 83314
FACILITY: WHITE WATER FISHERIES INC - BLACK CANYON BLISS
LOCATION: 319 RIVER ROAD
BLISS, ID 83314
ATTN: STAN STANDAL, OPERATOR

IDG130120	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83314
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	4.43	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
stan Standal/ president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	stan standal	(208)837-4970		02/08/2020
TYPED OR PRINTED		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: BLIND CANYON AQUARANCH INC.
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON AQUARANCH INC - TUPPER SPRINGS
LOCATION: 1110-A SOUTH 2700 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		08/16/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC.
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON AQUARANCH INC - TUPPER SPRINGS
LOCATION: 1110-A SOUTH 2700 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.52	cfs	******	******	******	******		Five per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		08/16/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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LOCATION: 1110-A SOUTH 2700 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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ATTN: GARY LEMMON, OPERATOR

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08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.45	cfs	******	******	******	******		Three per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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DISCHARGE MONITORING REPORT (DMR)

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ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

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09/01/2018	09/30/2018

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.93	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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ATTN: GARY LEMMON, OPERATOR

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10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2.01	cfs	******	******	******	******		Five per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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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	******	******	******	******	8	8	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	7	7	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	67.3	67.3	lb/d	******	******	******	******		Twice per Year	Calculated
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.097	.097	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.078	.078	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		.2/13/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BLIND CANYON AQUARANCH INC.
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON AQUARANCH INC - TUPPER SPRINGS
LOCATION: 1110-A SOUTH 2700 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.019	.019	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.75	.75	lb/d	******	******	******	******		Twice per Year	Calculated
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.82	cfs	******	******	******	******		Five per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

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IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.63	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83332
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(SUBR 05)
FACILITY TOTAL
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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NAME: BLIND CANYON AQUARANCH INC.
ADDRESS: 2757 SOUTH 1050 EAST
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LOCATION: 1110-A SOUTH 2700 EAST
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IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.42	cfs	******	******	******	******		Five per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	2	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	5.5	5.5	lb/d	******	******	******	******		Twice per Year	Calculated
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.055	.055	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.034	.034	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

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MM/DD/YYYY	MM/DD/YYYY
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Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.021	.021	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.2	.2	lb/d	******	******	******	******		Twice per Year	Calculated
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.38	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		03/14/2019
TYPED OR PRINTED		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: BLIND CANYON AQUARANCH INC.
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON AQUARANCH INC - TUPPER SPRINGS
LOCATION: 1110-A SOUTH 2700 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 1110-A SOUTH 2700 EAST
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ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.18	cfs	******	******	******	******		Four per Month	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: 1110-A SOUTH 2700 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.52	cfs	******	******	******	******		Three per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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LOCATION: 1110-A SOUTH 2700 EAST
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ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

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DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.38	cfs	******	******	******	******		Five per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83332
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FACILITY TOTAL
Sum

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		07/20/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC.
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON AQUARANCH INC - TUPPER SPRINGS
LOCATION: 1110-A SOUTH 2700 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.52	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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LOCATION: 1110-A SOUTH 2700 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.42	cfs	******	******	******	******		Five per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC.
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON AQUARANCH INC - TUPPER SPRINGS
LOCATION: 1110-A SOUTH 2700 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3	3	mg/L		Twice per Year	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	2	mg/L		Twice per Year	Calculated
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L		Twice per Year	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	15.3	15.3	lb/d	******	******	******	******		Twice per Year	Calculated
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.067	.067	mg/L		Twice per Year	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.047	.047	mg/L		Twice per Year	Calculated
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 2757 SOUTH 1050 EAST
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FACILITY: BLIND CANYON AQUARANCH INC - TUPPER SPRINGS
LOCATION: 1110-A SOUTH 2700 EAST
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ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.02	.02	mg/L		Twice per Year	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.4	.4	lb/d	******	******	******	******		Twice per Year	Calculated
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.42	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130131	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83332
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(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	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.67	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Pat Windes/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Linda Lemmon	(208)837-4808		.0/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BLIND CANYON AQUARANCH INC.
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON AQUARANCH INC - TUPPER SPRINGS
LOCATION: 1110-A SOUTH 2700 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 1110-A SOUTH 2700 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
Sum

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.86	cfs	******	******	******	******		Five per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BLIND CANYON AQUARANCH INC.
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON AQUARANCH INC - TUPPER SPRINGS
LOCATION: 1110-A SOUTH 2700 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
FACILITY TOTAL
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.9	cfs	******	******	******	******		Twice per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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ADDRESS: 2757 SOUTH 1050 EAST
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FACILITY: BLIND CANYON AQUARANCH INC - TUPPER SPRINGS
LOCATION: 1110-A SOUTH 2700 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1.6	cfs	******	******	******	******		Four per Month	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Composite
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated
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	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 O 0 See Comments	PERMIT REQUIREMENT	89.9 MO AVG	170.7 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******	******			
00530 P 0 See Comments	PERMIT REQUIREMENT	179.8 MO AVG	341.6 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
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	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BLIND CANYON AQUARANCH INC.
ADDRESS: 2757 SOUTH 1050 EAST
HAGERMAN, ID 83332
FACILITY: BLIND CANYON AQUARANCH INC - TUPPER SPRINGS
LOCATION: 1110-A SOUTH 2700 EAST
HAGERMAN, ID 83332
ATTN: GARY LEMMON, OPERATOR

IDG130131	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

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			
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	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 O 0 See Comments	PERMIT REQUIREMENT	.8 MO AVG	1.2 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******	******	******	******			
00665 P 0 See Comments	PERMIT REQUIREMENT	1.6 MO AVG	2.4 DAILY MX	lb/d	******	******	******	******		Twice per Year	Calculated
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BBT BAKER-GIBBS
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 3 Effluent Net	PERMIT REQUIREMENT	320 MO AVG	608 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 3 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Starla Barnes/ Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Starla Barnes	(208)837-6114		07/19/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BBT BAKER-GIBBS
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	8	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Starla Barnes/ Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Starla Barnes	(208)837-6114		07/19/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BBT BAKER-GIBBS
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
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	< 2	mg/L	1	Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-323	-323	lb/d	******	-3	-3	mg/L	1	Quarterly	Calculated
00530 2 3 Effluent Net	PERMIT REQUIREMENT	320 MO AVG	608 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4	4	mg/L	1	Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.088	.088	mg/L	1	Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.67	.67	lb/d	******	.012	.012	mg/L	1	Quarterly	Calculated
00665 2 3 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.076	.076	mg/L	1	Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		09/18/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BBT BAKER-GIBBS
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83332
MINOR
(SUBR 05)
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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	10.38	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		09/18/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BBT BAKER-GIBBS
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 4 Effluent Net	PERMIT REQUIREMENT	293.2 MO AVG	557 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 3 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		.0/29/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: BBT BAKER-GIBBS
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130133	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	10.3	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		.0/29/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE 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: BBT BAKER-GIBBS
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 4 Effluent Net	PERMIT REQUIREMENT	293.2 MO AVG	557 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 3 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		.1/20/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BBT BAKER-GIBBS
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130133	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	10.5	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		.1/20/201
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	> 2	> 2	mg/L	1	Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	-54	-54	lb/d	******	-1	-1	mg/L	1	Quarterly	Calculated
00530 2 4 Effluent Net	PERMIT REQUIREMENT	293.2 MO AVG	557 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	2	mg/L	1	Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.092	.092	mg/L	1	Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.81	.81	lb/d	******	.015	.015	mg/L	1	Quarterly	Calculated
00665 2 3 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.077	.077	mg/L	1	Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BBT BAKER-GIBBS
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130133	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	10	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	246 MO AVG	467.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 1 Effluent Net	PERMIT REQUIREMENT	4 MO AVG	5.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130133	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	8.6	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3	3	mg/L	1	Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	62	62	lb/d	******	2	2	mg/L	1	Quarterly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	246 MO AVG	467.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	3	3	mg/L	1	Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.48	3.48	lb/d	******	.112	.112	mg/L	1	Quarterly	Calculated
00665 2 1 Effluent Net	PERMIT REQUIREMENT	4 MO AVG	5.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.063	.063	mg/L	1	Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130133	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.5	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00530 2 1 Effluent Net	PERMIT REQUIREMENT	246 MO AVG	467.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L		Quarterly	Calculated
00665 2 1 Effluent Net	PERMIT REQUIREMENT	4 MO AVG	5.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0	0	mg/L		Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L		Quarterly	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		03/19/2019
TYPED OR PRINTED		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: BBT BAKER-GIBBS
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130133	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

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	******	******	******	******	******	0	mg/L		Quarterly	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BBT BAKER-GIBBS
ADDRESS: PO BOX 479
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FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 2 Effluent Net	PERMIT REQUIREMENT	219.2 MO AVG	416.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 2 Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BBT BAKER-GIBBS
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FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.5	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		04/19/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3	3	mg/L	1	Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	62	62	lb/d	******	2	2	mg/L	1	Quarterly	Calculated
00530 2 2 Effluent Net	PERMIT REQUIREMENT	219.2 MO AVG	416.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.175	.175	mg/L	1	Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	3.48	3.48	lb/d	******	.112	.112	mg/L	1	Quarterly	Calculated
00665 2 2 Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.063	.063	mg/L	1	Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BBT BAKER-GIBBS
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FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

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	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.5	cfs	******	******	******	******		Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BBT BAKER-GIBBS
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HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 2 Effluent Net	PERMIT REQUIREMENT	219.2 MO AVG	416.4 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 2 Effluent Net	PERMIT REQUIREMENT	3.8 MO AVG	5.6 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6.5	cfs	******	******	******	******	1		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 3 Effluent Net	PERMIT REQUIREMENT	320 MO AVG	608 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 3 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		06/18/2019
TYPED OR PRINTED		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: BBT BAKER-GIBBS
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130133	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7.5	cfs	******	******	******	******	1		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		06/18/2019
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

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			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	43.2	43.2	lb/d	******	1	1	mg/L	1	Quarterly	Calculated
00530 2 3 Effluent Net	PERMIT REQUIREMENT	320 MO AVG	608 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 2	< 2	mg/L	1	Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.081	.081	mg/L	1	Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.25	1.25	lb/d	******	.029	.029	mg/L	1	Quarterly	Calculated
00665 2 3 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.052	.052	mg/L	1	Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI Q				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: BBT BAKER-GIBBS
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LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130133	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

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	******	******	******	******	******	NODI Q				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	10	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Richi Rojas/ VAT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richi Rojas	(208)837-6114		08/12/2019
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 3 Effluent Net	PERMIT REQUIREMENT	320 MO AVG	608 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 3 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83332
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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			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	7.5	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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IDG130133	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 4 Effluent Net	PERMIT REQUIREMENT	293.2 MO AVG	557 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 3 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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09/01/2019	09/30/2019

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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			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	12	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 4 Effluent Net	PERMIT REQUIREMENT	293.2 MO AVG	557 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 3 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JAMES DACE/ GENERAL MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	JAMES DACE	(208)837-6114		.1/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NAME: BBT BAKER-GIBBS
ADDRESS: PO BOX 479
HAGERMAN, ID 83332
FACILITY: BIG BEND TROUT - GIBBS FARM
LOCATION: 18374 HIGHWAY 30
HAGERMAN, ID 83332
ATTN: LEO E. RAY, OWNER/OPERATOR

IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	10	cfs	******	******	******	******	1	Daily	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JAMES DACE/ GENERAL MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	JAMES DACE	(208)837-6114		.1/19/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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: BBT BAKER-GIBBS
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LOCATION: 18374 HIGHWAY 30
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IDG130133	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83332
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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	******	******	******	******	1	1	mg/L	1	Quarterly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L	1	Quarterly	Calculated
00530 2 4 Effluent Net	PERMIT REQUIREMENT	293.2 MO AVG	557 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/L	1	Quarterly	Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.081	.081	mg/L	1	Quarterly	Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.2	1.2	lb/d	******	.028	.028	mg/L	1	Quarterly	Calculated
00665 2 3 Effluent Net	PERMIT REQUIREMENT	5.3 MO AVG	7.8 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	.07	.07	mg/L	1	Quarterly	Composite
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83332
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(SUBR 05)
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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	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	8	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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IDG130133	SUM-A
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12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83332
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00530 2 1 Effluent Net	PERMIT REQUIREMENT	246 MO AVG	467.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	NODI 9		******	NODI 9	NODI 9				
00665 2 1 Effluent Net	PERMIT REQUIREMENT	4 MO AVG	5.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	6	cfs	******	******	******	******	1	Monthly	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 2 1 Effluent Net	PERMIT REQUIREMENT	246 MO AVG	467.5 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				******						
00665 2 1 Effluent Net	PERMIT REQUIREMENT	4 MO AVG	5.9 DAILY MX	lb/d	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	Measured

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